

FILED
At 2:40 O'Clock P.M.
NOV 26 2019
LYNN STILLWELL
PHILLIPS COUNTY CIRCUIT CLERK
By CO D.C.

IN THE CIRCUIT COURT OF PHILLIPS COUNTY, ARKANSAS

SHAMROCK GROUP OF COMPANIES, LLC;
SHAMROCK DEVELOPMENT, LLC; AND
SHALLYA INTERNATIONAL, LLC

PLAINTIFFS

VS.

NO. 54CV-19-

NATIONWIDE MUTUAL INSURANCE COMPANY

DEFENDANT

COMPLAINT

Come now the Plaintiffs, Shamrock Group of Companies, LLC; Shamrock Development, LLC; and Shallya International, LLC (referred hereafter as either "Shamrock Group" or "Shamrock Development" or "Shallya" or collectively as "Plaintiffs") by and through their attorneys, the Etoch Law Firm, and for their Complaint against the Defendant, Nationwide Mutual Insurance Company (hereinafter referred to as either "Nationwide" or "Defendant"), allege and state as follows:

1. At all times relevant herein, Plaintiffs are now and have each been for profit LLC domestic Arkansas corporations located principally in Pulaski County, Arkansas. For clarity, Shamrock Group, owns both Shamrock Development and Shallya. Shamrock Development owns the real estate, convenience store and building. Shallya owns the personal property, contents and inventory. All three entities are listed as insureds on the policy.

2. The Defendant, Nationwide, is an entity in the business of selling insurance with its

principle place of business in Columbus Ohio, which did do business in the State of Arkansas at the time of the wrongs complained of herein and continues to do business in Arkansas.

3. The wrongs complained of herein arose out of the Defendant's conduct in doing business in Helena, Phillips County, State of Arkansas. Specifically, Plaintiffs' owners, Prabhu Anand and Deepa Anand, have family in Helena, Phillips County, Arkansas. They had a business relationship purchasing commercial insurance for their businesses from Hargraves Insurance Company, Inc., over the years. Plaintiffs renewed their policy of insurance in October of 2015. Hargraves insurance, that had never sold Nationwide insurance before, was recently purchased by Timothy Hicks and Tri-State Insurance Agency, Inc., who continued to operate under the name of Hargraves Insurance Agency with its office located at 312 Cherry Street, Helena, Arkansas. Plaintiffs contracted with Nationwide through its agent Tri-State Insurance Agency, Inc d/b/a Hargraves Insurance Agency. All the negotiations and contracts took place at the agent's office in Helena, Phillips County, Arkansas. Plaintiffs' fire loss occurred in Pulaski County, Arkansas.

4. Nationwide, for the consideration of a premium which was paid, issued and delivered to Plaintiffs a policy of commercial fire loss and casualty insurance (believed to be policy number ACP 30-4-7369571) to cover Plaintiffs' convenience store, contents and lost income for their property located at 4071 Highway 294 Military Road, Jacksonville Arkansas. The total amount of insurance upon the property consisting of the Store and Building is \$324,900.00. The total amount of insurance for the personal property contents and inventory in the store was \$50,000.00. The total amount of insurance for the loss of business income was \$60,000.00. The policy was for an owner-occupied convenience store. A copy of said 2015 commercial policy of insurance/application/proposal with Nationwide is attached hereto, marked Exhibit "A" and

incorporated herein by reference. A copy of said 2019 commercial policy of insurance with Nationwide is attached hereto, marked Exhibit "B" and incorporated herein by reference.

5. Plaintiffs have paid all premiums as they became due by automatic draft. Plaintiffs' store with contents and profits was destroyed by fire on October 24, 2019. Said policy was in full force and effect at the time of the fire loss.

6. Plaintiffs promptly notified Nationwide of their loss within the time and manner required by the terms of said policy and demanded payment of the above amounts pursuant to the terms of the policy.

7. The policy required that the claim be processed, and payment made to Plaintiffs promptly within a reasonable period of time.

8. Plaintiffs provided Nationwide all the information Nationwide requested promptly after the fire. Plaintiffs have answered every question asked by Nationwide and have fully cooperated with Nationwide and its agents.

9. Plaintiffs have complied with all conditions of the policy.

10. Plaintiffs state their building and convenience store were totally destroyed by the fire. The building and store contained contents that valued in excess of \$50,000.00 that were destroyed in the fire. The business is losing income and will continue to lose income until it is back up and running. Due to the extreme damage caused by the fire, the income that will be lost is expected to exceed the sum of \$60,000. The fire occurred during business hours and was promptly reported to the authorities. Plaintiffs are entitled to recover the full \$324,900 for the total loss of their building and convenience store, the \$50,000.00 for the loss of their personal property (contents and inventory), and the \$60,000.00 for their lost income, pursuant to Arkansas Code Annotated §23-88-101 titled Valued policy law, which states in pertinent part:

(a) [I]n case of a total loss by fire or natural disaster of the property insured, a property insurance policy other than for flood and earthquake insurance shall be held and considered to be a liquidated demand against the company taking the risk for the full amount stated in the policy or the full amount upon which the company charges, collects, or receives a premium.

11. Although due demand has been made by Plaintiffs for the proceeds of the policy from Nationwide, Nationwide has failed, neglected and refused to pay the funds pursuant to the terms of the policy and within the time specified in the policy. In fact, Nationwide—without fully considering or investigating all the facts of the Plaintiffs’ claims—mailed a letter to Plaintiffs on November 5, 2019, eight business days after the loss occurred, denying their claims apparently in hopes that the Plaintiffs would give up and not pursue the matter further. A copy of the denial letter that Nationwide sent is attached hereto, incorporated herein by reference and marked Exhibit “C”.

12. The denial letter appears to have been written in bad faith because the application for Plaintiffs’ insurance does not state that there is a monitored fire alarm. Instead, the application plainly states there is a “central” Burglar alarm and simply that there is a fire alarm. Because the term central is not used to define the fire alarm, the fire alarm is considered local and simply just goes off in the store but is not monitored. Nationwide certainly knew this when denying Plaintiffs’ claim with no just or reasonable cause. The Plaintiffs have renewed their policy each year since 2015. Standard insurance protocol for renewal would have been for the local agency and Nationwide to follow up each year and either inspect the premises or receive written confirmation from the monitoring company if the renewing agency or Nationwide believed the alarm was monitored.

13. The Plaintiffs have never had a central monitored fire alarm in the store and have never advised Nationwide or its agents there was a central monitored fire alarm.

14. The Plaintiffs are entitled to pre-trial interest of at least 6 per cent beginning 60 days after the fire, twelve percent damages/penalties, together with a reasonable attorney's fee and their costs as provided in Ark. Code Ann. §3-79-208.

15. Plaintiffs request a trial by jury on all issues.

WHEREFORE, PREMISES CONSIDERED, the Plaintiffs, Shamrock Group of Companies, LLC; Shamrock Development, LLC; and Shallya International, LLC, pray for Judgment against the Defendant for \$324,900.00 for the loss of the building, \$50,000.00 for loss of the personal property (contents and inventory), and for \$60,000.00 for the loss of income, less any properly credited amounts Nationwide has advanced to Plaintiffs; together with pre-trial interest, twelve percent damages, all of their cost and a reasonable attorney's fee; and for such other and further relief which may be proper.

Respectfully submitted,

ETOCH LAW FIRM

By: 

Louis A. Etoch (89030)

Attorney at Law

P.O. Box 100

727 Cherry St.

Helena, AR 72342

(870) 338-3591

louis@etochlaw.com

DocuSign Envelope ID: 2861B550-74DB7-8ED2-EB241AABE586



Tri-State Insurance Agency Inc

**Shamrock Group of Companies, LLC****Commercial Insurance Application**

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

Binding Information

Agent 18978 - Tri-State Insurance Agency Inc
 Producer 018 - BEVERLY T HARGRAVES
 State Producer License Number 1672371

Is Coverage Bound? Yes

Date/Time Bound 10/20/2015 12:01 AM CST

Account Summary

Coverage Type
 Commercial Property
 General Liability
 Commercial Umbrella

Policy Prefix
 CPP
 GLO

Company
 Nationwide Mutual Insurance Company
 Nationwide Mutual Insurance Company

Premium
 \$
 \$
 \$

Total Premium:

This quote is based on information provided and rates in force at the time of quotation and is subject to underwriting. Any changes to the information submitted, made for any reason, including but not limited to underwriting actions, loss control, verification and validation of information or changes initiated at the time of submission, may result in a change in the final premium offered.

Coverage is not bound and no coverage will be afforded by this quotation. This insurance quote is not a part of the insurance policy. If there is any discrepancy in the coverages shown in this quote and that of the actual policy issued, the policy coverages will prevail.

Billing Summary

Billing Method: Direct Bill
 Down Payment Amount: \$
 Billing Frequency: Monthly
 Payment Plan: 12 Pay Plan
 Down Payment Method: EZ Sweep
 Suspense Number: 8832704
 Check Number: 2402
 Flex Check: Yes

The applicant has read, understands, and agrees to abide by the terms and conditions outlined in this application ☒ Yes ☐ No
 By checking this box, I am providing my electronic signature to this document. Agent Signature: ☒ Yes ☐ No
 The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

Decoded by:

Applicant's Signature
 6105E0A05F8F41C

10/15/2015 Date



4DB7-8ED2-EB241AABE586

Tri-State Insurance Agency Inc
(901) 767-3379**Shamrock Group of Companies, LLC***Commercial Insurance Application*

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

Notice of Insurance Information Practices

Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information can be accessed using the 'Privacy Statement' link located at the bottom of the Agent Center or by contacting your agent or broker and asking for additional details about our information and disclosure practices.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: Substantial) civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied.)

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

The applicant has read, understands, and agrees to abide by the terms and conditions outlined in this application ☒ Yes ☐ No
 By checking this box, I am providing my electronic signature to this document. Agent Signature: ☒ Yes ☐ No
 The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

DocuSigned by:

Deepa Rajkumar

10/15/2015

Applicant's Signature

Date



Nationwide

Tri-State Insurance Agency Inc

Shamrock Group of Companies, LLC

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

Attachments Summary**Attachments Submission #1**

Submission Source: Application

Time Submitted: 10/14/2015 09:46:38 AM CDT

Submitted By: ATH98B

Attachment 1: loc. 4 - 2905 N. Hwy. 229, Benton (2).JPG
 Type: Photo/Diagram
 Description: location 4

Attachment 2: loc. 4 - 2905 N. Hwy. 229, Benton (1).JPG
 Type: Photo/Diagram
 Description: location 4

Attachment 3: loc. 4 - 2905 N. Hwy. 229, Benton (3).JPG
 Type: Photo/Diagram
 Description: Location 4

Attachment 4: loc. 3 - 4071 Highway 161(294 Military Road) (2).JPG
 Type: Photo/Diagram
 Description: Location 3

Attachment 5: loc. 3 - 4071 Highway 161(294 Military Road) (1).JPG
 Type: Photo/Diagram
 Description: Location 3

Attachment 6: loc. 3 - 4071 Highway 161(294 Military Road) (3).JPG
 Type: Photo/Diagram
 Description: Location 3

Attachment 7: 713 S. 1st, Jacksonville (3).JPG
 Type: Photo/Diagram
 Description: Location 2

Attachment 8: 713 S. 1st, Jacksonville (2).JPG
 Type: Photo/Diagram
 Description: Location 2

Attachment 9: 713 S. 1st, Jacksonville (1).JPG
 Type: Photo/Diagram
 Description: Location 2

Attachment 10: No Loss Statement.pdf
 Type: Loss Runs
 Description: No Loss Statement

Attachment 11: 1213 S. 2nd, Cabot - Shamrock (3).JPG
 Type: Photo/Diagram
 Description: Location 1

Attachment 12: 1213 S. 2nd, Cabot - Shamrock (2).JPG
 Type: Photo/Diagram
 Description: Location 1



Tri-State Insurance Agency Inc

Shamrock Group of Companies, LLC

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

Attachments Summary

Attachment 13: 1213 S. 2nd, Cabot - Shamrock (1).JPG
Type: Photo/Diagram
Description: Location 1



Nationwide Insurance
1100 Locust St.
Des Moines, IA 50391-1002

Authorization Agreement for Flex Chek

Bank or Financial Institution Name:

The name of the bank shown is the official name registered and may not be identical to the local branch.

Bank routing number:

Bank account number:

Account Type: Checking

Date: 10/14/2015

Name: Shamrock Group of Companies, LLC

Address:

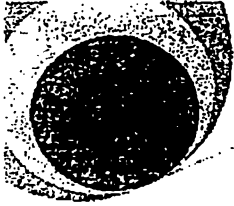
City, State Zip:

Application Number: 9571

By entering my name below, I authorize Nationwide Insurance to initiate variable entries to the account identified above. The bank or financial institution listed above is also authorized to charge Flex Chek to my account. The authorization will remain in effect until revoked by me in writing.

Signature: _____

Agent must keep signed form on file.



Shallya International, LLC

Dated: 10/06/2015

SUBJECT: NO LOSS LETTER

To whom it may concern:

To the best of my knowledge , my firm Shallya International LLC and its associated companies has not claimed any loss claims through Insurance since January 1 st 2013 until to date.

But we had a small claim for damaged / spoiled food products and freezer damage due to power outage in Haskell area in December 2012 reason being a heavy snow storm. Having reviewed the history I happen to see the claim and would like to mention and report here.

Please don't hesitate to contact me if you have any questions @ 501-563-1147

Kind Regards

A handwritten signature in black ink, appearing to be 'DL' or similar, written in a cursive style.

Deepa Rajkumar

CEO, Shallya International LLC

NATIONWIDE

Commercial Insurance Proposal

Prepared for

Shamrock Group of Companies, LLC

Prepared by

**Tri-State Insurance Agency Inc
State Producer License Number 1672371
5545 MURRAY AVE.
MEMPHIS, TN 38119
(870) 338-3425**

Agent

Bev T. Hargraves

Date Prepared

September 12, 2015





Tri-State Insurance Agency Inc
 Bev T. Hargraves
 (870) 338-3425

Shamrock Group of Companies, LLC

Commercial Insurance Proposal

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

Commercial Property

Policy 1 : CPP
 States of Operation: Arkansas
 Primary Operations State: Arkansas

Total Policy Premium :

Premium for Certified Acts of Terrorism

\$ 0.00

Policywide Options	Limit	Deductible	Premium
Equipment Breakdown	Included	\$ 1,000	\$
Spoilage Sublimit	\$ 100,000		
Expediting Expenses Sublimit	\$ 100,000		
Hazardous Expenses Sublimit	\$ 100,000		
"Fungus," Wet Rot, Dry Rot and Bacteria	\$ 15,000		
Data Restoration Sublimit	\$ 100,000		

Schedule Summary

Total Limit

Location 1		
Building 1		\$ 250,000
Business Personal Property		\$ 35,000
Business Income Without Extra Expense		\$ 60,000
Building 2		\$ 40,000
Business Personal Property		\$ 50,000
Location 2		
Building 1		\$ 300,000
Business Personal Property		\$ 50,000
Business Income Without Extra Expense		\$ 60,000
Building 2		\$ 25,000
Business Personal Property		\$ 50,000
Location 3		
Building 1		\$ 150,000
Business Personal Property		\$ 20,000
Business Income Without Extra Expense		\$ 30,000
Building 2		\$ 50,000
Business Personal Property		\$ 75,000
Location 4		
Building 1		\$ 250,000
Business Personal Property		\$ 30,000
Business Income Without Extra Expense		\$ 45,000
Building 2		\$ 40,000
Business Personal Property		\$ 50,000

Schedule

Location 1
 1213 S 2nd St, Cabot, AR 72023 - 3301
 Occupancy : convenience store w/canopy and two gas pumps
 CSP Territory : 430
 Protection Class : 03



Tri-State Insurance Agency Inc
 Bev T. Hargraves
 (870) 338-3425

Shamrock Group of Companies, LLC

Commercial Insurance Proposal

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

Commercial Property

Building 1

General Information

Original Year Built	1992
Occupancy Certified Year	1992
Occupancy Recertified Year	1992
Number of Stories	1
Building Construction	Joisted Masonry
Roof Type	Asphalt
Total Area (Sq Ft)	2,000
Classification Code	0532
Classification Description	Stores-Food or Drink - Other than Not-For-Profit
Owner Occupied	
Occupancy Group	Mercantile
Burglar Alarm	Central Station
Fire Alarm	Yes
Watchman Service	None
Building Code Effectiveness Grade	99
Individually graded	No

Coverage	Limit	Deductible	Coinsurance	Causes of Loss	Premium
Building	\$250,000		80 %	Special	\$
convenience store					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Inflation Guard 2 %					
Business Personal Property	\$35,000		80 %	Special	\$
contents of c-store					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Theft Deductible		\$ 1,000			
Inflation Guard 2 %					
Business Income Without Extra Expense	\$60,000	72 Hour	NA	Special	\$
Mercantile					
Other than Rental					
Monthly Limit of Indemnity	1/3				

Building 2

General Information

Original Year Built	1992
Occupancy Certified Year	1992
Occupancy Recertified Year	1992
Number of Stories	1
Building Construction	Non-Combustible
Roof Type	Steel
Total Area (Sq Ft)	2,400
Classification Code	0931
Classification Description	Gasoline Stations Self Service
Owner Occupied	
Occupancy Group	Mercantile
Burglar Alarm	None
Watchman Service	None
Building Code Effectiveness Grade	99
Individually graded	No



Nationwide

Tri-State Insurance Agency Inc
 Bev T. Hargraves
 (870) 338-3425

Shamrock Group of Companies, LLC

Commercial Insurance Proposal

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

Commercial Property

Coverage	Limit	Deductible	Coinsurance	Causes of Loss	Premium
Building	\$40,000		80 %	Special	\$ 1
canopy over 2 gas pumps					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Inflation Guard 2 %					
Business Personal Property	\$50,000		80 %	Special	\$
2 gas pumps					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Theft Deductible		\$ 1,000			
Inflation Guard 2 %					

Location 1 Premium : \$

Location 2
 4071 Highway 294 Military Road, Jacksonville, AR 72076
 Occupancy : convenience store w/3 gas pumps
 CSP Territory : 600
 Protection Class : 02

Building 1

General Information

Original Year Built	1985
Occupancy Certified Year	1985
Occupancy Recertified Year	1985
Number of Stories	1
Building Construction	Masonry Non-Combustible
Roof Type	Asphalt
Total Area (Sq Ft)	2,400
Classification Code	0532
Classification Description	Stores-Food or Drink - Other than Not-For-Profit
Owner Occupied	
Occupancy Group	Mercantile
Burglar Alarm	Central Station
Fire Alarm	Yes
Watchman Service	None
Building Code Effectiveness Grade	99
Individually graded	No



Tri-State Insurance Agency Inc
 Bev T. Hargraves
 (870) 338-3425

Shamrock Group of Companies, LLC

Commercial Insurance Proposal

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

Commercial Property

Coverage	Limit	Deductible	Coinsurance	Causes of Loss	Premium
Building	\$300,000		80 %	Special	\$ 1
convenience store w/gas pumps					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Inflation Guard 2 %					
Business Personal Property	\$50,000		80 %	Special	\$
contents of convenience store					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Theft Deductible		\$ 1,000			
Inflation Guard 2 %					
Business Income Without Extra Expense	\$60,000	72 Hour	NA	Special	\$
Mercantile					
Other than Rental					
Monthly Limit of Indemnity	1/3				

Building 2

General Information

Original Year Built 1985
 Occupancy Certified Year 1985
 Occupancy Recertified Year 1985
 Number of Stories 1
 Building Construction Non-Combustible
 Roof Type Steel
 Total Area (Sq Ft) 800
 Classification Code 0931
 Classification Description Gasoline Stations Self Service
 Owner Occupied
 Occupancy Group Mercantile
 Burglar Alarm None
 Watchman Service None
 Building Code Effectiveness Grade 99
 Individually graded No

Coverage	Limit	Deductible	Coinsurance	Causes of Loss	Premium
Building	\$25,000		80 %	Special	\$ 0
steel canopy over two gas pumps					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Inflation Guard 2 %					
Business Personal Property	\$50,000		80 %	Special	\$
2 gas pumps					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Theft Deductible		\$ 1,000			
Inflation Guard 2 %					

Location 2 Premium : \$ 1



Nationwide

Tri-State Insurance Agency Inc
 Bev T. Hargraves
 (870) 338-3425

Shamrock Group of Companies, LLC

Commercial Insurance Proposal

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

Commercial Property

Location 3
 713 S 1st St, Jacksonville, AR 72076 - 6002
 Occupancy : convenience store w/3 gas pumps
 CSP Territory : 600
 Protection Class : 02

Building 1

General Information

Original Year Built	1968
Occupancy Certified Year	1968
Occupancy Recertified Year	1968
Number of Stories	1
Building Construction	Masonry Non-Combustible
Roof Type	Steel
Total Area (Sq Ft)	1,200
Classification Code	0532
Classification Description	Stores-Food or Drink - Other than Not-For-Profit
Owner Occupied	
Occupancy Group	Mercantile
Burglar Alarm	Central Station
Fire Alarm	Yes
Watchman Service	None
Building Code Effectiveness Grade	99
Individually graded	No

Coverage	Limit	Deductible	Coinsurance	Causes of Loss	Premium
Building	\$150,000		80 %	Special	\$
convenience store w/3 gas pumps					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Inflation Guard 2 %					
Business Personal Property	\$20,000		80 %	Special	\$
contents in convenience store					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Theft Deductible		\$ 1,000			
Inflation Guard 2 %					
Business Income Without Extra Expense	\$30,000	72 Hour	NA	Special	\$
Mercantile					
Other than Rental					
Monthly Limit of Indemnity	1/3				



Tri-State Insurance Agency Inc
Bev T. Hargraves
(870) 338-3425

Shamrock Group of Companies, LLC

Commercial Insurance Proposal

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

Commercial Property

Building 2

General Information

Original Year Built	1985
Occupancy Certified Year	1985
Occupancy Recertified Year	1985
Number of Stories	1
Building Construction	Non-Combustible
Roof Type	Steel
Total Area (Sq Ft)	2,430
Classification Code	0931
Classification Description	Gasoline Stations Self Service
Owner Occupied	
Occupancy Group	Mercantile
Burglar Alarm	None
Watchman Service	None
Building Code Effectiveness Grade	99
Individually graded	No

Coverage	Limit	Deductible	Coinsurance	Causes of Loss	Premium
Building	\$50,000		80 %	Special	\$
steel canopy over 3 gas pumps					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Inflation Guard 2 %					
Business Personal Property	\$75,000		80 %	Special	\$
3 gas pumps					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Theft Deductible		\$ 1,000			
Inflation Guard 2 %					

Location 3 Premium : \$

Location 4

2905 N Highway 229, Benton, AR 72015 - 7209
Occupancy : convenience store w/2 gas pumps
CSP Territory : 630
Protection Class : 05



Tri-State Insurance Agency Inc
Bev T. Hargraves
(870) 338-3425

Shamrock Group of Companies, LLC

Commercial Insurance Proposal

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

Commercial Property

Building 1

General Information

Original Year Built 1995
Occupancy Certified Year 1995
Occupancy Recertified Year 1995
Number of Stories 1
Building Construction Masonry Non-Combustible
Roof Type Steel
Total Area (Sq Ft) 2,250
Classification Code 0532
Classification Description Stores-Food or Drink - Other than Not-For-Profit
Owner Occupied
Occupancy Group Mercantile
Burglar Alarm Central Station
Fire Alarm Yes
Watchman Service None
Building Code Effectiveness Grade 99
Individually graded No

Coverage	Limit	Deductible	Coinsurance	Causes of Loss	Premium
Building	\$250,000		80 %	Special	
convenience store w/2 gas pumps					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Inflation Guard 2 %					
Business Personal Property	\$30,000		80 %	Special	\$
contents in the convenience store					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Theft Deductible		\$ 1,000			
Inflation Guard 2 %					
Business Income Without Extra Expense	\$45,000	72 Hour	NA	Special	\$
Mercantile					
Other than Rental					
Monthly Limit of Indemnity	1/3				

Building 2

General Information

Original Year Built 1995
Occupancy Certified Year 1995
Occupancy Recertified Year 1995
Number of Stories 1
Building Construction Non-Combustible
Roof Type Steel
Total Area (Sq Ft) 750
Classification Code 0931
Classification Description Gasoline Stations Self Service
Owner Occupied
Occupancy Group Mercantile
Burglar Alarm None
Watchman Service None
Building Code Effectiveness Grade 99
Individually graded No



Tri-State Insurance Agency Inc
 Bev T. Hargraves
 (870) 338-3425

Shamrock Group of Companies, LLC

Commercial Insurance Proposal

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

Commercial Property

Coverage	Limit	Deductible	Coinsurance	Causes of Loss	Premium
Building	\$40,000		80 %	Special	\$
steel canopy over 2 gas pumps					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Inflation Guard 2 %					
Business Personal Property	\$50,000		80 %	Special	\$
2 gas pumps					
Replacement Cost					
Property Deductible		\$ 1,000			
Wind/Hail Deductible		\$ 1,000			
Theft Deductible		\$ 1,000			
Inflation Guard 2 %					

Location 4 Premium : \$



Tri-State Insurance Agency Inc
 Bev T. Hargraves
 (870) 338-3425

Shamrock Group of Companies, LLC

Commercial Insurance Proposal

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

General Liability

Policy 1 : GLO
 States of Operation: Arkansas
 Primary Operations State: Arkansas

Total Policy Premium \$

Premium for Certified Acts of Terrorism

\$ 0.00

Coverage	Limit	Deductible	Premium
General Aggregate Limit (Other Than Products-Completed Operations)	\$ 2,000,000		Included
Products - Completed Operations Aggregate	\$ 2,000,000		Included
Personal and Advertising Injury	\$ 1,000,000		Included
Each Occurrence	\$ 1,000,000		Included
Damage to Premises Rented to you - any one premise	\$ 100,000		Included
Medical Expense Limit - any one person	\$ 5,000		Included

Policywide Options	Limit	Deductible	Rating Basis	Exposure	Premium
Cyber Coverage					
CyberOne					\$
Computer Attack	\$ 50,000	\$ 5,000			
Data Compromise					\$
Defense and Liability	\$ 50,000	\$ 2,500			
Response Expense	\$ 50,000	\$ 2,500			
Identity Recovery	\$ 25,000				Included

Schedule

Location 1
 1213 S 2nd St
 Cabot, AR 72023 - 3301
 Territory 001

Classification Description	Code Number	Rating Basis	Exposure	Rate Other	Rate PR/CO	Premium Other	Premium PR/CO
Stores-Food or Drink - Other than Not-For-Profit	18435	Gross Sales	600,000	1.806	0.085	\$	\$
Gasoline Stations Self Service	13454	Gallons	540,000	1.325	0.156		\$

Location 2
 2905 N Highway 229
 Benton, AR 72015 - 7209
 Territory 001

Classification Description	Code Number	Rating Basis	Exposure	Rate Other	Rate PR/CO	Premium Other	Premium PR/CO
Gasoline Stations Self Service	13454	Gallons	300,000	1.325	0.156	\$	\$
Stores-Food or Drink - Other than Not-For-Profit	18435	Gross Sales	720,000	1.806	0.085	\$	\$

Location 3
 4071 Highway 294 Military Road



Nationwide

Tri-State Insurance Agency Inc
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 (870) 338-3425

Shamrock Group of Companies, LLC

Commercial Insurance Proposal

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

General Liability

Jacksonville, AR 72076
 Territory 001

Classification Description	Code Number	Rating Basis	Exposure	Rate Other	Rate PR/CO	Premium Other	Premium PR/CO
Gasoline Stations Self Service	13454	Gallons	480,000	1.325	0.156	\$	\$
Stores-Food or Drink - Other than Not-For-Profit	18435	Gross Sales	960,000	1.806	0.085	\$ 10	\$

Location 4
 713 S 1st St
 Jacksonville, AR 72076 - 6002
 Territory 001

Classification Description	Code Number	Rating Basis	Exposure	Rate Other	Rate PR/CO	Premium Other	Premium PR/CO
Gasoline Stations Self Service	13454	Gallons	240,000	1.325	0.156	\$	\$
Stores-Food or Drink - Other than Not-For-Profit	18435	Gross Sales	300,000	1.806	0.085	\$	\$



Tri-State Insurance Agency Inc
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Commercial Insurance Proposal

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

Account Summary

Nationwide Insurance would like to thank you for giving us the opportunity of providing you with a quotation for your Commercial insurance needs. Through the information provided from your insurance professional, Nationwide Insurance has developed your Commercial Portfolio. This Portfolio contains the following coverages at the premiums shown below:

Coverage Type	Policy Prefix	Company	Premium
Commercial Property	CPP	Nationwide Mutual Insurance Company	\$
General Liability	GLO	Nationwide Mutual Insurance Company	\$
Commercial Umbrella			\$
Total Premium:			\$

Nationwide Insurance offers flexible payment plans to meet your needs.

Payment Plan	Down Payment Needed To Issue	Additional Installments
Monthly - 12 pay plan	1/6 of the policy premium (\$2,824.00)	10
Monthly - 9 pay plan	25% of the policy premium (\$4,236.00)	8
Quarterly - 4 pay plan	25% of the policy premium (\$4,236.00)	3
Semi-Annually - 2 pay plan	50% of the policy premium (\$8,471.00)	1
Annual - 1 (full) pay plan	100% of the policy premium (\$16,942.00)	0

Note that in states where required by law, the down payment will include the full amount of all taxes, surcharges, and fees.

Nationwide Insurance also offers you the flexibility of paying for your insurance installments using your American Express®, Visa® or MasterCard®, or with monthly electronic funds transferred from the bank account you designate.

Attention Agent:

Please send customer down payment to the following address:

Nationwide Insurance
 South Central Regional Office
 One Nationwide Gateway Dept 5425
 Des Moines, IA 50391-5425



Tri-State Insurance Agency Inc
Bev T. Hargraves
(870) 338-3425

Shamrock Group of Companies, LLC

Commercial Insurance Proposal

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

Issuance Conditions

Coverage is not bound and no coverage will be provided by this quotation. This insurance quote is not a part of the insurance policy. Issuance of this proposal is subject to completed applications and company approval. If there is any discrepancy in the coverages shown in this quote and that of the actual policy issued, the policy coverages will prevail.

Any changes to the information submitted, made for any reason, including but not limited to underwriting actions, loss control, verification and validation of information or changes initiated at the time of submission, may result in a change in the final premium offered. The premiums quoted are subject to underwriting and may change at policy issuance if revisions are made. Revisions that may impact premium include:

- ◆ **Business operations**
- ◆ **Claim history**
- ◆ **Legal entity type**
- ◆ **Lines of business quoted**
- ◆ **Number and type of vehicles**
- ◆ **Number of drivers**
- ◆ **Driver characteristics**
- ◆ **Motor vehicle violations**

Issuance is also subject to the conditions listed below:

- ◆ **Underwriting Review and Approval**
- ◆ **Acceptable Inspection of Operations**
- ◆ **Favorable Loss Runs**

Thank you for choosing Nationwide Insurance for your Commercial Insurance needs.



Tri-State Insurance Agency Inc
Bev T. Hargraves
(870) 338-3425

Shamrock Group of Companies, LLC

Commercial Insurance Proposal

Quote Number: ACP 3007369571

Effective: 10/20/2015 to 10/20/2016

**NOTICE OF TERRORISM INSURANCE COVERAGE
NOTICE - DISCLOSURE OF PREMIUM**

**Applies to all Commercial Policies, except for Farmowners Multiperil, Business Auto, Crime,
and Workers Compensation**

**(This disclosure notice does not provide coverage, and it does not replace any provisions of your policy.
You should read your policy for complete information on the coverages you are provided. If there is any
conflict between the policy and this notice, the provisions of the policy shall prevail.)**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government pays the following percentage of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

- 85%, for insured losses occurring before January 1, 2016;
- 84%, for insured losses occurring during the 2016 calendar year;
- 83%, for insured losses occurring during the 2017 calendar year;
- 82%, for insured losses occurring during the 2018 calendar year;
- 81%, for insured losses occurring during the 2019 calendar year; and
- 80%, for insured losses occurring on or after January 1, 2020.

The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurer's liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0, and does not include any charges for that portion of losses covered by the United States Government under the Act.

NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

41-18978

CHANGE OF DECLARATIONS ENDORSEMENT - COMMERCIAL PROPERTY

Policy Number	ACP CPP 3007369571
Named Insured & Address	SHAMROCK GROUP OF COMPANIES, LLC SHAMROCK DEVELOPMENT, LLC AR
Policy Period: Covers From:	10/20/15 TO 10/20/16 12:01 A.M. Standard Time
Effective Date of This Endorsement:	12/17/15 12:01 A.M. Standard Time
Agent Address	Tri-State Insurance Agency Inc 5545 MURRAY AVE. SUITE 107 MEMPHIS TN 38119 41-18978

This policy is changed as follows: Codes: Add= (A), Delete= (D), Change= (C) Premium

***** ADD 3RD PARTY *****

3RD PARTY NUMBER 001
3RD PARTY NAME FIRST ARKANSAS BANK AND TRUST

ADDRESS PO BOX 827
CITY JACKSONVILLE
STATE & ZIP AR 72078-0827
BANK NUMBER 000000000

***** ADD ASSIGNMENT *****

(A) ASSIGNMENT NUMBER OF 001
(A) LOAN NUMBER OF
(A) INTEREST OF ASSIGNMENT HOLDER ON PROPERTY AT
LOC 1-1
LOC: 001 BLDG: 001 ITEM: 001
(A) MORTGAGEE/LOSS PAYEE INDICATOR : 001 MORTGAGEE

***** ADD ASSIGNMENT *****

(A) ASSIGNMENT NUMBER OF 001
(A) LOAN NUMBER OF
(A) INTEREST OF ASSIGNMENT HOLDER ON PROPERTY AT
LOC 2-1
LOC: 002 BLDG: 001 ITEM: 001
(A) MORTGAGEE/LOSS PAYEE INDICATOR : 001 MORTGAGEE

AS
LO
NT

TOTAL AGENT COMMISSION ADJUSTMENT 0.00

CP AM EN (10-89)

DIRECT BILL N

16361

AGENT COPY

ACP CPP 3007369571

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0019107

NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

NEW BUSINESS

DECLARATIONS

Policy Number: **ACP CPP 3007369571** **COMMERCIAL PROPERTY**

Named Insured: **SHAMROCK GROUP OF COMPANIES, LLC**
SHAMROCK DEVELOPMENT, LLC

Mailing Address: **AR**

Agent: **Tri-State Insurance Agency Inc** **41-18978**
Address: **MEMPHIS TN 38119**
Producer: **HARGRAVES INSURANCE AGENCY**

Policy Period: This policy is effective from **10/20/15** to **10/20/16** **12:01 A.M.**
Standard time at the above mailing address.

This policy is subject to the following forms. Forms specific to a certain building or item can be found with the specific building and item information on the following pages.

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP0010	1012	0	CP0090	0788	0	CP0140	0706	0
CP1270	0996	0	CP7117	0415	0	CP7118	0415	0
IL0017	1198	0	IL0163	0907	0	IL0231	0908	0
IL0935	0702	0	IL0995	0107	0	IN7503	0209	0
IN7590	1114	0	13614	1186	0			

Mortgagee and loss payee information - See schedules CP-DM and CP-DL

Replacement or
Renewal Number

A PACKAGE MODIFICATION FACTOR HAS BEEN APPLIED

Countersigned _____ By _____
Date _____ Authorized Representative _____

Premium for Certified Acts of Terrorism \$ **0.00**
Total Agent Commission \$
Total Annual Premium \$

Total Policy Premium \$ **10**

CP-D (10-98)

DIRECT BILL EHP036 16300 COMM 140 AGENT COPY ACP CPP 3007369571 961760404 56 0014842

NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE OF INSURED

Policy Number: ACP CPP 3007369571

Policy Period: From 10/20/15 To 10/20/16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Insured Names

SHAMROCK GROUP OF COMPANIES, LLC

SHAMROCK DEVELOPMENT, LLC

SHAMROCK INTERNATIONAL, LLC

SHAMROCK LANDINGS, LLC

SHALLYA WHOLESALE DISTRIBUTING, LLC

SHALLYA INTERNATIONAL LLC

NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: ACP CPP 3007389571

Policy Period: From 10/20/15 To 10/20/16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Loc. Bld. Item	Address/Description	Limit	Premium
	TOTAL POLICY PREMIUM		\$
	POLICY WIDE OPTIONAL COVERAGES		
	EQUIPMENT BREAKDOWN		\$ 0.00
1	1213 S 2ND ST CABOT AR Protection Class: 03		
1	STORES-FOOD OR DRINK		
1	BUILDING	\$ 250,000	\$
	GROUP 1		\$ 0.00
	GROUP 2		\$ 0.00
	SPECIAL - CAUSE OF LOSS		\$ 0.00
2	PERSONAL PROPERTY	\$ 35,000	\$
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
3	BUSINESS INCOME EXCLUDING	\$ 60,000	\$
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	GASOLINE STATIONS SELF SERVICE		
1	BUILDING	\$ 40,000	\$
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	PERSONAL PROPERTY	\$ 50,000	\$
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	4071 HIGHWAY 294 MILITARY ROAD JACKSONVILLE AR Protection Class: 02		
1	STORES-FOOD OR DRINK		
1	BUILDING	\$ 300,000	\$
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	PERSONAL PROPERTY	\$ 50,000	\$
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
3	BUSINESS INCOME EXCLUDING	\$ 60,000	\$
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	GASOLINE STATIONS SELF SERVICE		

CP-DR (10-89)

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ACP CPP 3007389571

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NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: ACP CPP 3007369571

Policy Period: From 10/20/15 To 10/20/16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Loc. Bld. Item	Address/Description	Limit	Premium
1	BUILDING	\$ 25,000	
	GROUP 1		
	GROUP 2		
	SPECIAL - CAUSE OF LOSS		
2	PERSONAL PROPERTY	\$ 50,000	
	GROUP 1		
	GROUP 2		
	SPECIAL - CAUSE OF LOSS		
3	713 S 1ST ST JACKSONVILLE AR Protection Class: 02		
1	STORES-FOOD OR DRINK		
1	BUILDING	\$ 150,000	
	GROUP 1		
	GROUP 2		
	SPECIAL - CAUSE OF LOSS		
2	PERSONAL PROPERTY	\$ 20,000	
	GROUP 1		
	GROUP 2		
	SPECIAL - CAUSE OF LOSS		
3	BUSINESS INCOME EXCLUDING	\$ 30,000	
	GROUP 1		
	GROUP 2		
	SPECIAL - CAUSE OF LOSS		
2	GASOLINE STATIONS SELF SERVICE		
1	BUILDING	\$ 50,000	
	GROUP 1		
	GROUP 2		
	SPECIAL - CAUSE OF LOSS		
2	PERSONAL PROPERTY	\$ 75,000	
	GROUP 1		
	GROUP 2		
	SPECIAL - CAUSE OF LOSS		
4	2906 N HIGHWAY 229 BENTON AR Protection Class: 05		
1	STORES-FOOD OR DRINK		
1	BUILDING	\$ 250,000	
	GROUP 1		
	GROUP 2		
	SPECIAL - CAUSE OF LOSS		
2	PERSONAL PROPERTY	\$ 30,000	
	GROUP 1		
	GROUP 2		
	SPECIAL - CAUSE OF LOSS		
3	BUSINESS INCOME EXCLUDING	\$ 45,000	
	GROUP 1		
	GROUP 2		
	SPECIAL - CAUSE OF LOSS		

CP-DR (10-89)

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ACP CPP 3007369571

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NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE**

Policy Number: ACP CPP 3007369571

Policy Period: From 10/20/15 To 10/20/16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Loc.	Bld.	Item	Address/Description	Limit	Premium
2			GASOLINE STATIONS SELF SERVICE		
	1		BUILDING	\$ 40,000	
			GROUP 1		\$
			GROUP 2		\$
			SPECIAL - CAUSE OF LOSS		\$
	2		PERSONAL PROPERTY	\$ 50,000	
			GROUP 1		\$
			GROUP 2		\$
			SPECIAL - CAUSE OF LOSS		\$

CP-DR (10-89)

0001 15300

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ACP CPP 3007369571

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NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPP 3007369571

Policy Period: From 10/20/15 To 10/20/16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

**** Premise No 01 **** Total Premium \$

Address: 1213 S 2ND ST
City: CABOT

State: AR

Zip Code: 72023-3301

Description: CONVENIENCE STORE WICANOPY AND TWO GAS PUMPS

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0952	0115	0	IN7404	0107	0

 ** Building No 01 ** Total Premium \$

Burglary and Robbery Protective Safeguards
 BR-1 Automatic Burglary Alarm - to a Central Station

Protective Safeguards
 P-2 Automatic Fire Alarm - to a Central Station

Occupancy Group - MERCANTILE
 Description: STORES-FOOD OR DRINK
 Construction Type: JOISTED MASONRY

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP0299	0607	0	CP0411	1012	0	CP1211	1000	0

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinurance	Deductible	Premium
01	BUILDING	\$ 250,000	SPECIAL	80%	1000	

Description: CONVENIENCE STORE

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

CP-DS (10-89)

0001 15300

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ACP CPP 3007369571

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NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPP 3007368571

Policy Period: From 10/20/15 To 10/20/16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 35,000	SPECIAL	80%	1000	

Description:CONTENTS OF C-STORE

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
CP1030	1012	0						

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
03	BUS INCOME	\$ 60,000	SPECIAL	00%	72 HR	

Description:BUSINESS INCOME WITHOUT EXTRA EXPENSE

Optional Coverages:
 Business Income Other Than Rental Value
 Monthly Limit of Indemnity = 1/3

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
CP0032	1012	0	CP1030	1012	0			

NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPP 3007389571

Policy Period: From 10/20/15 To 10/20/16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

** Building No 02 ** Total Premium \$

Occupancy Group - MERCANTILE
 Description: GASOLINE STATIONS SELF SERVICE
 Construction Type: NON-COMBUSTIBLE

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP0299	0607	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinurance	Deductible	Premium
01	BUILDING	\$ 40,000	SPECIAL	80%	1000	

Description: CANOPY OVER 2 GAS PUMPS

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinurance	Deductible	Premium
02	PERS PROP	\$ 50,000	SPECIAL	80%	1000	

Description: 2 GAS PUMPS

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

CP-DS (10-89)

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ACP CPP 3007389571

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NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPP 3007389571

Policy Period: From 10/20/15 To 10/20/16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

**** Premise No 02 **** Total Premium \$

Address: 4071 HIGHWAY 294 MILITARY ROAD
City: JACKSONVILLE State: AR

Zip Code: 72076-0000

Description: CONVENIENCE STORE W/3 GAS PUMPS

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0962	0116	0	IN7404	0107	0

 ** Building No 01 ** Total Premium \$

Burglary and Robbery Protective Safeguards
 BR-1 Automatic Burglary Alarm - to a Central Station

Protective Safeguards
 P-2 Automatic Fire Alarm - to a Central Station

Occupancy Group - MERCANTILE
 Description: STORES-FOOD OR DRINK
 Construction Type: MASONRY NON-COMBUSTIBLE

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP0289	0607	0	CP0411	1012	0	CP1211	1000	0

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinurance	Deductible	Premium
01	BUILDING	\$ 300,000	SPECIAL	80%	1000	

Description: CONVENIENCE STORE W/GAS PUMPS

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

CP-DS (10-89)

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AGENT COPY

ACP CPP 3007389571

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NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE**

Policy Number: ACP CPP 3007389571

Policy Period: From 10/20/15 To 10/20/16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 50,000	SPECIAL	80%	1000	
Description: CONTENTS OF CONVENIENCE STORE						
Optional Coverages:						
Replacement Cost						
Inflation Guard 2%						
FORM	DATE	PREM	FORM	DATE	PREM	FORM
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
CP1030	1012	0				

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
03	BUS INCOME	\$ 60,000	SPECIAL	00%	72 HR	
Description: BUSINESS INCOME WITHOUT EXTRA EXPENSE						
Optional Coverages:						
Business Income Other Than Rental Value						
Monthly Limit of Indemnity = 1/3						
FORM	DATE	PREM	FORM	DATE	PREM	FORM
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
CP0032	1012	0	CP1030	1012	0	

CP-DS (10-89)

0001 18300

AGENT COPY

ACP CPP 3007389571

961750404

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0014951

NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPP 3007369571

Policy Period: From 10/20/15 To 10/20/16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

** Building No 02 ** Total Premium \$

Occupancy Group - MERCANTILE
 Description: GASOLINE STATIONS SELF SERVICE
 Construction Type: NON-COMBUSTIBLE

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP0299	0607	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	\$ 25,000	SPECIAL	80%	1000	

Description: STEEL CANOPY OVER TWO GAS PUMPS

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 50,000	SPECIAL	80%	1000	

Description: 2 GAS PUMPS

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

CP-DS (10-99)

0001 16300

AGENT COPY

ACP CPP 3007369571

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NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPP 3007388571

Policy Period: From 10/20/15 To 10/20/16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

**** Premise No 03 **** Total Premium \$ 3

Address: 713 S 1ST ST
City: JACKSONVILLE

State: AR

Zip Code: 72076-6002

Description: CONVENIENCE STORE W/3 GAS PUMPS

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0952	0115	0	IN7404	0107	0

 ** Building No 01 ** Total Premium \$

Burglary and Robbery Protective Safeguards
 BR-1 Automatic Burglary Alarm - to a Central Station

Protective Safeguards
 P-2 Automatic Fire Alarm - to a Central Station

Occupancy Group - MERCANTILE
 Description: STORES-FOOD OR DRINK
 Construction Type: MASONRY NON-COMBUSTIBLE

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP0299	0607	0	CP0411	1012	0	CP1211	1000	0

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	\$ 150,000	SPECIAL	80%	1000	

Description: CONVENIENCE STORE W/3 GAS PUMPS

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

CP-DS (10-89)

0001 18300

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ACP CPP 3007388571

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NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPP 3007369571

Policy Period: From 10/20/15 To 10/20/16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 20,000	SPECIAL	80%	1000	

Description: CONTENTS IN CONVENIENCE STORE

Optional Coverages:
Replacement Cost
Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
CP1030	1012	0						

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
03	BUS INCOME	\$ 30,000	SPECIAL	00%	72 HR	

Description: BUSINESS INCOME WITHOUT EXTRA EXPENSE

Optional Coverages:
Business Income Other Than Rental Value
Monthly Limit of Indemnity = 1/3

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
CP0032	1012	0	CP1030	1012	0			

CP-DS (10-89)

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NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPP 3007369571

Policy Period: From 10/20/16 To 10/20/18

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

** Building No 02 ** Total Premium \$

Occupancy Group - MERCANTILE
 Description: GASOLINE STATIONS SELF SERVICE
 Construction Type: NON-COMBUSTIBLE

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP0299	0607	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	\$ 50,000	SPECIAL	80%	1000	

Description: STEEL CANOPY OVER 3 GAS PUMPS

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 75,000	SPECIAL	80%	1000	

Description: 3 GAS PUMPS

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

CP-DS (10-88)

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ACP CPP 3007369571

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NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPP 3007368571

Policy Period: From 10/20/15 To 10/20/16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

**** Premise No 04 **** Total Premium \$

Address: 2905 N HIGHWAY 229

City: BENTON

State: AR

Zip Code: 72015-7209

Description: CONVENIENCE STORE W/2 GAS PUMPS

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0952	0115	0	IN7404	0107	0

 ** Building No 01 ** Total Premium \$

Burglary and Robbery Protective Safeguards
 BR-1 Automatic Burglary Alarm - to a Central Station

Protective Safeguards
 P-2 Automatic Fire Alarm - to a Central Station

Occupancy Group - MERCANTILE
 Description: STORES-FOOD OR DRINK
 Construction Type: MASONRY NON-COMBUSTIBLE

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP0299	0807	0	CP0411	1012	0	CP1211	1000	0

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	\$ 250,000	SPECIAL	80%	1000	

Description: CONVENIENCE STORE W/2 GAS PUMPS

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

CP-D8 (10-89)

0001 15300

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ACP CPP 3007368571

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NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE**

Policy Number: ACP CPP 3007369571

Policy Period: From 10/20/15 To 10/20/16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 30,000	SPECIAL	80%	1000	

Description: CONTENTS IN THE CONVENIENCE STORE

Optional Coverages:
Replacement Cost
Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
CP1030	1012	0						

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
03	BUS INCOME	\$ 45,000	SPECIAL	00%	72 HR	

Description: BUSINESS INCOME WITHOUT EXTRA EXPENSE

Optional Coverages:
Business Income Other Than Rental Value
Monthly Limit of Indemnity = 1/3

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
CP0032	1012	0	CP1030	1012	0			

NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPP 3007389571

Policy Period: From 10/20/15 To 10/20/16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

** Building No 02 ** Total Premium \$

Occupancy Group - MERCANTILE
 Description: GASOLINE STATIONS SELF SERVICE
 Construction Type: NON-COMBUSTIBLE

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
CP0299	0607	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	\$ 40,000	SPECIAL	80%	1000	

Description: STEEL CANOPY OVER 2 GAS PUMPS

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
CP1030	1012	0						

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 50,000	SPECIAL	80%	1000	

Description: 2 GAS PUMPS

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
CP1030	1012	0						

CP-D8 (10-89)

0001 15300

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ACP CPP 3007389571

961750404

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0014958

EFFECTIVE DATE: 12:01 AM Standard Time,
(at your principal place of business)

COMMERCIAL PROPERTY
CP 12 11 (10-00)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART

SCHEDULE*

Premises No.	Building No.	Protective Safeguards Symbols Applicable
Describe any "BR-4";		
* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.		

- A. The following is added to the Commercial Property Conditions:

BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS

1. As a condition of this insurance, you are required to maintain the protective devices and/or services listed in the Schedule above.
2. The protective safeguard(s) to which this endorsement applies are identified by the following symbols:
 - a. "BR-1" Automatic Burglary Alarm, protecting the entire building, that signals to:
 - 1) An outside central station; or
 - 2) A police station.
 - b. "BR-2" Automatic Burglary Alarm, protecting the entire building, that has a

loud sounding gong or siren on the outside of the building.

- c. "BR-3" Security Service, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.
- d. "BR-4" The protective safeguard described in the Schedule.

- B. The following is added to the Exclusions section of the Causes Of Loss - Special Form:

BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS

We will not pay for loss or damage caused by or resulting from theft if, prior to the theft, you:

1. Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact; or

CP 12 11 (10-00)

ACP CPP 3007368571

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Page 1 of 2

55 0014960

CP 71 18 04 15

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EQUIPMENT BREAKDOWN COVERAGE SCHEDULE

This schedule provides supplementary information to be used with the following:

EQUIPMENT BREAKDOWN COVERAGE**LIMITS**

Equipment Breakdown is subject to the Limits of Insurance shown in the Declarations unless otherwise shown below:

COVERAGES	LIMITS
Equipment Breakdown Limit	\$
Business Income	\$
Extra Expense	\$
Service Interruption	\$

SUBLIMITS

The following coverages are subject to the sublimits of insurance shown in the Equipment Breakdown Coverage endorsement unless otherwise shown below:

COVERAGES	SUBLIMITS
Expediting Expenses	\$
Hazardous Substances	\$
Spoilage	\$ _____
@ _____ % Coinsurance	
Data Restoration	\$
"Fungus," Wet Rot, Dry Rot and Bacteria	\$

DEDUCTIBLES

Combined, All Coverages	\$
Direct Coverages	\$
Indirect Coverages	\$
	or _____ hrs.
	or _____ times ADV
Spoilage	\$
	or _____ % of loss, \$ _____ minimum

LOCATIONS NOT APPLICABLE

Equipment Breakdown Coverage applies to all locations covered on the policy, unless otherwise shown below:

<u>Location No.</u>	<u>Building No.</u>	<u>Address/Description</u>
---------------------	---------------------	----------------------------

OTHER CONDITIONS

All terms and conditions of this policy apply unless modified by this endorsement.

CP 71 18 04 15

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Page 1 of 1

ACP CPP 3007363571

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SIC doc - 5411

Bev Hargraves

From: deepa Rajkumar [deeparajkumar@hotmail.com]
Sent: Thursday, September 03, 2015 8:17 AM
To: Bev Hargraves
Cc: Prabhu Blue Cross
Subject: Re: Questions

1st St. Store - REMOVED 2013 - CABINETS,
 FLOORS, LIGHTING + COOLERS

- Bev
1. Monthly inside sales : ^{\$90,000}
 2. Phillips 66 SouthBend = \$80,000 / month ①
 1. Phillips 66 Cabot = \$ 50,000 / month ② - 600,000
 4. Haskell Food Mart = \$ 60,000 / month ③ - 720,000
 3. First Street Foodmart = \$ 25,000 / month - 300,000

① new (3) units in 2015

- Bev
1. Monthly gallons sold:
 2. Phillips 66 SouthBend = 40000 gallons / month - 400,000.
 1. Phillips 66 Cabot = 45,000 gallons / month - 500,000 .
 4. Haskell Food Mart = 25,000 gallons / month - 300,000 .
 3. First Street Foodmart = 20,000 gallons / month - 240,000 .

2. The age of building no idea. Need to look thru county records.

Just heat and air on Phillips 66 southbend is updated to new units last year.

Structure of Phillips 66 Southbend was updated before we purchased in 2011.

Electricals were updated with all new energy saving lighting for canopy and inside store

completely for Phillips

66 Cabot.

3. No claims on property.

4. No claims on Workers Comp.

Hope this information Helps. Please make sure we have coverage for Tornado.

Thanks

Deepa.

Sent from my iPad

On Sep 3, 2015, at 7:08 AM, "Bev Hargraves" <bth@ipa.net> wrote:

Thanks so much.

Bev T. Hargraves

870-338-3425

Insurance and Bonding Since 1926

<image003.jpg>

From: deepa Rajkumar [mailto:deeparajkumar@hotmail.com]

Sent: Thursday, September 03, 2015 7:08 AM

To: Bev Hargraves

Subject: Re: Questions

Will send you today for sure. Just got the monthly reports .

NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

18978
NEW BUSINESS

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Policy Number: ACP GLO 3007369571

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC
SHAMROCK DEVELOPMENT, LLC

Address:

8

Agent: Tri-State Insurance Agency
Address: MEMPHIS TN

38119

41-18978-018

PRODUCER: HARGRAVES INSURANCE AGENCY

Policy Period: From 10/20/15 to 10/20/16 12:01 A.M. standard time at the address of the named insured as stated herein.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (other than products-completed operations)	\$	2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$	2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	\$	1,000,000
EACH OCCURRENCE LIMIT	\$	1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (any one premises)	\$	100,000
MEDICAL EXPENSE LIMIT (any one person)	\$	5,000

Retroactive Date (CG0002 only)

The Named Insured is: LIMITED LIABILITY CO

Business of the Named Insured is: CONVENIENCE STORE W/GAS S

Audit Period: ANNUAL

ENDORSEMENTS ATTACHED TO THIS POLICY

SEE COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS SCHEDULE

TOTAL ADVANCE PREMIUM \$

**Replacement or
 Renewal Number**

A PACKAGE MODIFICATION FACTOR HAS BEEN APPLIED

Countersigned By

Authorized Representative

GL-D (10-99)

DIRECT BILL L7UK 15301

Comm. 1400

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ACP GLO 3007369571

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NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2229

COMMERCIAL GENERAL LIABILITY SCHEDULE

Policy Number: ACP GLO 3007369571

Item No., Location and Description of Hazards	Code No.	Premium Basis	Rates		Advance Premium	
			OTHER	PR/CO	OTHER	PR/CO
001A AR-001 STORES-FOOD OR DRINK -- OTHER THAN NOT- FOR-PROFIT 1213 S 2ND ST CABOT AR720233301	18435	GROSS SALES 600,000	PER THOUSAND 1.806	.086	\$	\$
002A AR-001 GASOLINE STATIONS - SELF SERVICE CG7211 1213 S 2ND ST CABOT AR720233301	13454	GALLONS 540,000	PER THOUSAND 1.325	.156	\$	\$
003A AR-001 GASOLINE STATIONS - SELF SERVICE CG7211 2906 N HIGHWAY 229 BENTON AR720157209	13454	GALLONS 300,000	PER THOUSAND 1.325	.156	\$	\$
004A AR-001 STORES-FOOD OR DRINK -- OTHER THAN NOT- FOR-PROFIT 2906 N HIGHWAY 229 BENTON AR720157209	18435	GROSS SALES 720,000	PER THOUSAND 1.806	.086	\$	\$
005A AR-001 GASOLINE STATIONS - SELF SERVICE CG7211	13454	GALLONS 480,000	PER THOUSAND 1.325	.156	\$	\$

Total Advance Other and PR/CO

TOTAL ADVANCE PREMIUM

NOTE: For classes based on payroll each Executive Officer, Sole Proprietor or Partner may be subject to a fixed amount.

GL-DS (12-93)

DIRECT BILL LTUK 16301

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ACP GLO 3007369571

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NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

COMMERCIAL GENERAL LIABILITY SCHEDULE

Policy Number: ACP GLO 3007369571

Item No., Location and Description of Hazards	Code No.	Premium Basis	Rates		Advance Premium	
			OTHER	PR/CO	OTHER	PR/CO
4071 HIGHWAY 294 MIL ITARY ROAD JACKSONVILLE AR720760000						
006A AR-001 STORES-FOOD OR DRINK -- OTHER THAN NOT- FOR-PROFIT 4071 HIGHWAY 294 MIL ITARY ROAD JACKSONVILLE AR720760000	18435	GROSS SALES 960,000	PER THOUSAND 1.806	.086	\$	\$1
007A AR-001 GASOLINE STATIONS - SELF SERVICE						
13454	GALLONS 240,000	PER THOUSAND 1.325	.166	\$	\$:	
CG7211 713 S 1ST ST JACKSONVILLE AR720766002						
008A AR-001 STORES-FOOD OR DRINK -- OTHER THAN NOT- FOR-PROFIT 713 S 1ST ST JACKSONVILLE AR720766002	18435	GROSS SALES 300,000	PER THOUSAND 1.806	.086	\$	\$:
DATA COMPROMISE						
CYBERONE						
IDENTITY THEFT						
INCLUDED						

Total Advance Other and PR/CO \$1 \$

TOTAL ADVANCE PREMIUM \$1

NOTE: For classes based on payroll each Executive Officer, Sole Proprietor or Partner may be subject to a fixed amount.

GL-DS (12-83)

DIRECT BILL L7UK 16301

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ACP GLO 3007369571

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**NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220**

COMMERCIAL GENERAL LIABILITY SCHEDULE OF INSURED

POLICY Number: ACP GLO 3007368571 POLICY Period: From 10-20-15 To 10-20-16

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Insured Names

**001 SHAMROCK GROUP OF COMPANIES, LLC
002 SHAMROCK DEVELOPMENT, LLC
003 SHAMROCK INTERNATIONAL, LLC
004 SHAMROCK LANDINGS, LLC LLC
005 SHALLYA WHOLESALE DISTRIBUTING, LLC
006 SHALLYA INTERNATIONAL LLC**

GL-DI (06-80)

DIRECT BILL LTUK 15301

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ACP GLO 3007368571

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COMMERCIAL GENERAL LIABILITY
CG 80 01 10 15**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****DATA COMPROMISE COVERAGE**
RESPONSE EXPENSES AND DEFENSE AND LIABILITY

Coverage under this endorsement is subject to the following:

SECTION 1 – RESPONSE EXPENSES

Data Compromise Response Expenses Limit: \$ 50,000
Annual Aggregate

Sublimits

Named Malware (Sec. 1)	\$ 50,000
Forensic IT Review:	\$ 5,000
Legal Review:	\$ 5,000
PR Services:	\$ 5,000

Any one "Personal Data Compromise"

Response Expenses Deductible: \$ 2,500
Any one "Personal Data Compromise"

SECTION 2 – DEFENSE AND LIABILITY

Data Compromise Defense Limit: \$ 25,000
Annual Aggregate

Data Compromise Liability Limit: \$ 25,000
Annual Aggregate

Sublimits

Named Malware (Sec. 2)	\$ 50,000
-------------------------------	-----------

Any one "Personal Data Compromise"

Defense and Liability Deductible: \$ 2,500
Each "Data Compromise Suit"

The following Data Compromise Coverage has been endorsed onto your Commercial General Liability coverage as a matter of convenience for policy issuance. The coverage and service provided under this endorsement are separate from your Commercial General Liability coverage. Data Compromise Coverage includes reimbursement of specified legal expenses as well as defense and liability against certain claims, but such coverage is subject to the Data Compromise coverage limit. The limit and deductible applicable to Data Compromise Coverage are separate from the limits and deductibles that apply to your Commercial General Liability cover-

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ACP GLO 3087388571

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age. The Common Policy Conditions apply to coverage under this Data Compromise Coverage.

SECTION 1 – RESPONSE EXPENSES
DATA COMPROMISE COVERED CAUSE OF LOSS

Coverage under this Data Compromise Coverage endorsement applies only if all of the following conditions are met:

1. There has been a "personal data compromise"; and
2. Such "personal data compromise" is first discovered by you during the policy period for which this Data Compromise Coverage endorsement is applicable; and
3. Such "personal data compromise" is reported to us within 60 days after the date it is first discovered by you.

COVERAGE – SECTION 1

If the three conditions listed above in DATA COMPROMISE – COVERED CAUSE OF LOSS have been met, then we will provide coverage for the following expenses when they arise directly from the covered cause of loss and are necessary and reasonable. Coverages 4 and 5 apply only if there has been a notification of the "personal data compromise" to "affected individuals" as covered under coverage 3.

1. Forensic IT Review

Professional information technologies review if needed to determine, within the constraints of what is possible and reasonable, the nature and extent of the "personal data compromise" and the number and identities of the "affected individuals".

This does not include costs to analyze, research or determine any of the following:

- a. Vulnerabilities in systems, procedures or physical security;
- b. Compliance with PCI or other industry security standards; or
- c. The nature or extent of loss or damage to data that is not "personally identifying

Page 1 of 8

58 0014827

COMMERCIAL GENERAL LIABILITY
CG 80 14 10 15**CYBERONE COVERAGE**
COMPUTER ATTACK AND NETWORK SECURITY LIABILITY**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

The following CyberOne coverage has been endorsed onto your Commercial General Liability coverage as a matter of convenience for policy issuance. The coverage and service provided under this endorsement are separate from your Commercial General Liability coverage. CyberOne Coverage includes defense and liability against certain claims, but such coverage is subject to the Network Security Liability coverage limit. The limits and deductibles applicable to this CyberOne coverage are separate from the limits and deductibles that apply to your Commercial General Liability coverage. The Common Policy Conditions apply to coverage under this CyberOne coverage. Coverage under this endorsement is subject to the following SCHEDULE:

SECTION 1 – COMPUTER ATTACK

Computer Attack Limit	\$ 50,000
	Annual Aggregate
Sublimits	
Data Re-creation	\$ EXCLUDED
Loss of Business	\$ EXCLUDED
Public Relations	\$ EXCLUDED
	Per Occurrence
Computer Attack Deductible	\$ 5,000
	Per Occurrence

SECTION 2 – NETWORK SECURITY LIABILITY

Network Security Liability Limit	\$
	Annual Aggregate
Network Security Defense Limit	\$
	Annual Aggregate
Network Security Liability Deductible	\$
	Per Occurrence
Network Security Liability Optional Coverage	
3 rd Party Business Information	_____

The following is added as an Additional Coverage:

SECTION 1 – COMPUTER ATTACK**SECTION 1 – COVERED CAUSE OF LOSS**

This Computer Attack coverage applies only if all of the following conditions are met:

1. There has been a "computer attack"; and
2. Such "computer attack" is first discovered by you during the policy period for which this endorsement is applicable; and
3. Such "computer attack" is reported to us as soon as practicable, but in no event more than 60 days after the date it is first discovered by you.

SECTION 1 – COVERAGES PROVIDED

If all three of the conditions listed above in SECTION 1 – COVERED CAUSE OF LOSS have been met, then we will provide you the following coverages for loss directly arising from such "computer attack".

1. **Data Restoration**
We will pay your necessary and reasonable "data restoration costs".
2. **Data Re-creation**
We will pay your necessary and reasonable "data re-creation costs".
3. **System Restoration**
We will pay your necessary and reasonable "system restoration costs".
4. **Loss of Business**
We will pay your actual "business income loss" and your necessary and reasonable "extra expenses".
5. **Public Relations**
If you suffer a covered "business income loss", we will pay for the services of a professional public relations firm to assist you in communicating your response to the "computer attack" to the media, the public and your customers, clients or members.

CG 80 14 10 15

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Page 1 of 7

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ACP GLO 3067368571

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Nationwide
On Your Side™

COM-PAK SUMMARY

PRINTED 10/28/2015

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

Number: ACP 3007389571 Effective from 10/20/2015 to 10/20/2016

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Mailing Address:

Agency Name: Tri-State Insurance Agency Inc 41 18975-018 56
Agency Address: MEMPHIS TN 38119 (801)767-3379
Producer: HARGRAVES INSURANCE AGENCY

Division	Program	Total Premium	Commission
A	COMMERCIAL GENERAL LIABILITY (NATIONWIDE)	\$	\$
B	COMMERCIAL PROPERTY (NATIONWIDE)	\$	\$
C	COMMERCIAL UMBRELLA (NATIONWIDE MUTUAL FIRE)	\$	\$

Not a bill. Your bill is sent separately.
NI

Estimated Total Premium: \$ 10,000.00
Estimated Total Commission:

This Com-Pak is a portfolio of individual policies which serves to combine various insurance coverages written under a group of separate contracts of insurance.

PAKSUM 01 08

DIRECT BILL EHP036

L7UK

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ACP 3007389571

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**NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220**

41-18978

CHANGE OF DECLARATIONS ENDORSEMENT - COMMERCIAL PROPERTY

Policy Number	ACP CPP 3007389571		
Named Insured & Address	SHAMROCK GROUP OF COMPANIES, LLC SHAMROCK DEVELOPMENT, LLC AR		
Policy Period: Covers From:	10/20/15	TO 10/20/16	12:01 A.M. Standard Time
Effective Date of This Endorsement:	12/17/15		12:01 A.M. Standard Time
Agent Address	Tri-State Insurance Agency Inc 5545 MURRAY AVE. SUITE 107 MEMPHIS TN 38119		41-18978

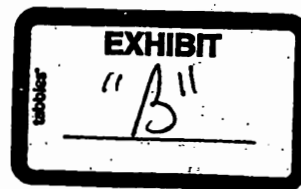
This policy is changed as follows: Codes: Add= (A), Delete= (D), Change= (C)

Premium

THIS IS NOT A BILL - SEE YOUR BILLING STATEMENT * NO PREMIUM CHARGE ***0.00****CP AM EN (10-89)****DIRECT BILL N****16361****AGENT COPY****ACP CPP 3007389571****961760404****58****0019108**



Nationwide
Is on your side



COMMERCIAL PACKAGE - ACP 30-4-7369571

57 48 32 PZ

SHAMROCK GROUP OF COMPANIES, LLC

PLEASE KEEP THIS FOR YOUR RECORDS

We are pleased to serve your business insurance needs. Our company is committed to providing you high quality insurance protection and superior service.

If you should have any questions about your insurance portfolio or if you wish to make a change to your policy, please contact your agent.

IMPORTANT INFORMATION ABOUT YOUR POLICY

Please spend a few minutes to read and understand your policy. Some items to which you should pay special attention are as follows:

- **Special Required State Notices.** These notices, when included, point out specific items concerning your policy. We urge you to read them.
- **Declarations Page.** This shows such information as your name, address, the coverages provided, the policy term, policy limits, list of coverage forms, premium amounts, and other individualized information.
- **Coverage and Endorsement Forms.** This is the section of your policy which provides policy and coverage information. Please read it carefully.

POLICY NUMBER
ACP 9571

BILLING ACCOUNT NUMBER

Your Commercial Insurance Portfolio

Courtesy of:

AGENCY - TN- 80383 412811297

CLARENCE MOSLEY, JR.
4132 ELVIS PRESLEY BLVD
MEMPHIS TN 38116-5857

AGENCY PHONE # 901-346-2550

DIRECT BILL

LUH3

091118

INSURED COPY

ACP 30-4-7369571

32 0004147

NW-CP-1310-0517-00



IN 74 42 03 07

★★★★★★

IMPORTANT INSURANCE INFORMATION

★★★★★★

Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

CONSUMER REPORT INQUIRY NOTICE

Consumer reports, including credit history may have been ordered from a consumer reporting agency to underwrite and/or rate your insurance policy. You have the right to access this information and request correction of any inaccuracies. Your consumer reports, including your credit history are not affected in any way by our inquiry.

We are committed to respecting your privacy and safeguarding your personal information.

IN 74 42 03 07

Page 1 of 1

ACP 30-4-7368571

LUH3 19253

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IN7442030700 0002

32 0004148



COM-PAK SUMMARY

PRINTED 09/11/2019

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

Number: ACP 3047368571 Effective from 10/20/2019 to 10/20/2020

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Mailing Address: 1

Agency Name: CLARENCE MOSLEY, JR. 41 80383-027 32

Agency Address: MEMPHIS TN 38118-5857 (901)348-2550

Producer: CLARENCE MOSLEY, JR.

Division	Program	Total Premium
A	COMMERCIAL GENERAL LIABILITY (NATIONWIDE)	\$
B	COMMERCIAL PROPERTY (NATIONWIDE)	\$
C	COMMERCIAL UMBRELLA (NATIONWIDE MUTUAL FIRE)	\$

Not a bill. Your bill is sent separately.

NI

Estimated Total Premium: \$

This Com-Pak is a portfolio of individual policies which serves to combine various insurance coverages written under a group of separate contracts of insurance.

PAKSUM 01 08

ELG168

LUH3

2019253

INSURED COPY

ACP 3047368571

32 0004149

32 0004151

ACP 30-4-738671

INSURED COPY

N LUH3

NW-CP-131G-5817-00

COMMERCIAL GENERAL LIABILITY (NATIONWIDE)



**NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220**

**Named Insured: SHAMROCK GROUP OF COMPANIES, LLC
SHAMROCK DEVELOPMENT, LLC**

Address: 4400 BROADVIEW

★★★★★★★★

IMPORTANT INSURANCE INFORMATION

★★★★★★★★

IMPORTANT NOTICE FOR RENEWAL POLICIES

In an effort to keep your Insurance premium as low as possible, we have streamlined your renewal policy. We have not included printed copies of policy forms and endorsements that have not changed from your expiring policy unless they include variable information that is unique to you. Please refer to your prior policies for printed copies of these forms. If you desire copies, they are available upon request from your agent.

IN 5017 (05-83)

DIRECT BILL LBDP 19264

INSURED COPY

ACP GLO 3047388571

981750404

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0004182

IN 75 03 06 16

★★★★★★

IMPORTANT INSURANCE INFORMATION

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Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

ARKANSAS IMPORTANT INSURANCE INFORMATION

Thank you for choosing Nationwide® to help you protect what's important to you. We value your business and want to ensure that you have the current Arkansas customer service contact information if you need assistance.

We are here to serve you. As our policyholder, your satisfaction is very important to us. If you have a question about your policy or if you need assistance with a problem you may contact your insurance agent. Please refer to your policy documents for your agent's contact information.

If your agent is unable to assist you, please contact us as follows:

Nationwide Insurance®
Attention: Customer Relations Department
One Nationwide Blvd.
Columbus, OH 43215-2220
Toll Free: 1-877-689-6877
Web: www.nationwide.com

If we fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201
Phone 501-371-2640 or 1-800-852-5494
Fax 501-371-2749
Web: www.insurance.arkansas.gov/contact

IN 75 03 06 16

Page 1 of 1

IN 78 09 11 15

★★★★★★

IMPORTANT INSURANCE INFORMATION

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Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

DATA BREACH & IDENTITY RECOVERY SERVICES**Data Breach Services Information:**

Through a partnership with Hartford Steam Boiler, you have access to a data breach risk management portal called the eRiskHub®. The portal is designed to help you understand data information exposures, help you plan and be prepared for a data breach, and establish a response plan to manage the costs and minimize the effects of a data breach.

Key features of the portal include:

- Incident Response Plan Roadmap – suggested steps your business can take following data breach incident. Having an incident response plan prepared in advance of a breach can be useful for defense of potential litigation.
- Online Training Modules – ready-to-use training for your business on privacy best practices and Red Flag Rules.
- Risk Management Tools- assist your business in managing data breach exposures including self-assessments and state breach notification laws.
- eRisk Resources – a directory to quickly find external resources on pre and post-breach disciplines.
- News Center – cyber risk stories, security and compliance blogs, security news, risk management events, and helpful industry links.
- Learning Center – best practices and white papers written by leading authorities.

To access the eRiskHub® portal:

- Enter <https://www.eriskhub.com/nationwide> in your browser.
- Complete the information, including your name and company. Your User ID and Password are case-sensitive.
- Enter your assigned access code:
- Enter the challenge word on the screen, and click "Submit" and follow the instructions to complete your profile setup.
- You can now login to the portal.

You also have access to a help-line to answer breach related questions. Insureds having questions pertaining to how to prepare for a breach, help in identifying a breach, or other questions pertaining to breach related best practices can call our breach preparedness help-line. Experienced professionals are able to provide insights to help insureds understand the complicated environment pertaining to breaches of personal information. The breach preparedness help-line is 877-800-5028.

IN 78 09 11 15

Page 1 of 2

BR 9955 (06 15)

PREMIUM AUDIT NOTICE
PLEASE READ THIS NOTICE CAREFULLY!

The following information is intended to explain the premium base on policies written "Subject to Audit."

This policy was issued with an estimated premium which requires an adjustment after the policy expires. Premium bases for this type of policy vary according to such factors as payroll, sales receipts, cost of work, gallons, etc. incurred during the term of the policy. After the policy expires and the actual amount of these variables can be determined, the estimated premium is adjusted to develop the final premium. If the final premium is less than the estimated premium, the difference will be refunded. If it is more, you will receive a bill for the additional premium.

An accurate Premium Audit is a benefit to you and your business. We recommend the person(s) in charge of keeping your financial records be aware of insurance auditor needs. Records that are accurate and properly maintained allow us to complete the audit and to apply, when applicable, certain premium saving rules and/or ensure that you are paying the correct amount for your coverage needs.

WHO WILL CONDUCT THE AUDIT?

When the policy expires a final audit will be requested. This will be done by one of the following methods:

- 1) Mailing a premium audit form and/or notification to you; and
- 2) A premium auditor representing our company will call you for a telephone audit of your records; or
- 3) A premium auditor representing our company will visit you for a physical audit of your records.

This audit of your records will pertain to the variable factors that apply to your policy. You are assured of complete confidentiality by the auditor and the insurance company personnel.

WHAT RECORDS WILL BE NEEDED?

The basis of premium for a Workers Compensation or General Liability policy may be total remuneration, including wages and other considerations given to an employee for services rendered.

The Premium Auditor will examine and audit all of your records that relate to your policy. The required records will vary depending upon the type of coverage you have. In most cases, the auditor will be able to obtain the necessary audit data from two or more of the following records:

Payroll Journals with monthly/quarterly totals
 Quarterly Tax Reports
 General Ledgers
 Individual Earning Cards with monthly/quarterly totals
 Certificates of Insurance for sub-contractors
 Vehicle descriptions (include purchase date and date sold)

In the course of the audit, the Auditor may ask some questions about your records and personally observe the various aspects of your business operations. This will assist the Auditor in properly classifying your operations and employees. If a new operation is revealed or an existing operation was unknown to us, additional classifications and exposure bases will be added to your policy and audit. This will affect the premium charged for your insurance coverage.

HOW SHOULD YOUR RECORDS BE KEPT?

Payroll: Many of the premiums for your insurance are based on payroll which is defined as total remuneration. Remuneration includes:

Wages	Vacation Pay
Commissions	Sick Pay
Bonuses	Payment for Piece Work
Overtime Pay	Other Dollar Substitutes
Holiday Pay	

BR 9955 (06 15)

Page 1 of 2



NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

80383
RENEWAL

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Policy Number: ACP GLO 3047369571

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC
SHAMROCK DEVELOPMENT, LLC

Address:

Agent: CLARENCE MOSLEY, JR.
Address: MEMPHIS TN

41-80383-027
38116 PRODUCER: CLARENCE MOSLEY, JR.

Policy Period: From 10/20/19 to 10/20/20 12:01 A.M. standard time at the address of the named insured as stated herein.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (other than products-completed operations)	\$	2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$	2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	\$	1,000,000
EACH OCCURRENCE LIMIT	\$	1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (any one premises)	\$	100,000
MEDICAL EXPENSE LIMIT (any one person)	\$	5,000

Retroactive Date (CG0002 only)

The Named Insured is: LIMITED LIABILITY CO
Business of the Named Insured is: CONVENIENCE STORE W/GAS S
Audit Period: ANNUAL

ENDORSEMENTS ATTACHED TO THIS POLICY

SEE COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS SCHEDULE

TOTAL ADVANCE PREMIUM \$

Replacement or
Renewal Number ACP GLO 3037369571
A PACKAGE MODIFICATION FACTOR HAS BEEN APPLIED

Countersigned By _____
Authorized Representative

GL-D (10-98)

DIRECT BILL LBDP 19254

INSURED COPY

ACP GLO 3047369571

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NATIONWIDE MUTUAL INSURANCE COMPANY MUTUAL COMPANY CONDITIONS ENDORSEMENT

POLICYHOLDER MEMBERSHIP IN THE COMPANY

(Applicable Only to Policies Issued by Nationwide Mutual Insurance Company in States other than the State of Texas)

Because this policy is issued by Nationwide Mutual Insurance Company (the "Company"), the first named insured listed on the declarations page ("named insured") is a member of the Company issuing the policy while this or any other policy issued by the Company is in force. While a member, the named insured is entitled to one vote only – regardless of the number of policies issued to the named insured – either in person or by proxy at meetings of members of the Company.

The annual meeting of members of the Company will be held each year at the Home Office of the Company in Columbus, Ohio, at 10 a.m. on the first Thursday of April. If the Board of Directors of Nationwide Mutual Insurance Company should elect to change the time or place of that meeting, the Company will mail notice of the change to the member's last known address. The Company will mail this notice at least 10 days in advance of the meeting date.

This policy is non-assessable, meaning that the named insured is not subject to any assessment beyond the premiums required for each policy term.

POLICYHOLDER DIVIDEND PROVISIONS

The named insured is entitled to any Dividends which are declared by the Board of Directors of the Company in accordance with law and which are applicable to coverages provided in this policy.

POLICYHOLDER MEMBERSHIP IN THE COMPANY IN TEXAS

(Applicable Only to Policies Issued by Nationwide Mutual Insurance Company in the State of Texas)

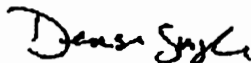
1. MUTUALS – MEMBERSHIP AND VOTING NOTICE. The named insured is notified that, by virtue of this policy, the named insured is a member of the Nationwide Mutual Insurance Company of Columbus, Ohio, (the "Company") and is entitled, as is lawfully provided in the charter, constitution, and by-laws to vote either in person or by proxy in any or all meetings of said Company. Each member is entitled to only one vote regardless of the number of policies owned. The annual meetings of the members of the Company are held in the Home Office, at Columbus, Ohio, on the first Thursday of April, in each year, at 10:00 o'clock a.m.

2. MUTUALS – PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY. No Contingent Liability: This policy is non-assessable. The named insured is a member of the Company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

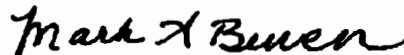
POLICYHOLDER DIVIDEND PROVISIONS

The named insured shall be entitled to participate in a distribution of the surplus of the Company, as determined by its Board of Directors from time to time, after approval in accordance with the provision of the Texas Insurance Code, of 1951, as amended.

IN WITNESS WHEREOF: Nationwide Mutual Insurance Company has caused this policy to be signed by its President and Secretary, and countersigned by a duly authorized representative of the Company.



Secretary



President

NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

COMMERCIAL GENERAL LIABILITY SCHEDULE

Policy Number: **ACP GLO 3047369571**

Item No., Location and Description of Hazards	Code No.	Premium Basis	Rates		Advance Premium	
			OTHER	PR/CO	OTHER	PR/CO
001A AR-001 18435 GROSS SALES STORES-FOOD OR DRINK 389,563 -- OTHER THAN NOT- FOR-PROFIT			PER THOUSAND 2.043	.049	\$	\$
CG8137 1213 S 2ND ST CABOT AR720233301						
002A AR-001 13454 GALLONS GASOLINE STATIONS - 238,372 SELF SERVICE			PER THOUSAND 1.388	.171	\$	\$
CG7211 CG8137 1213 S 2ND ST CABOT AR720233301						
003A AR-001 13454 GALLONS GASOLINE STATIONS - 138,792 SELF SERVICE			PER THOUSAND 1.388	.171	\$	\$
CG7211 CG8137 2905 N HIGHWAY 229 BENTON AR720157209						
004A AR-001 18435 GROSS SALES STORES-FOOD OR DRINK 300,456 -- OTHER THAN NOT- FOR-PROFIT			PER THOUSAND 2.043	.049	\$	\$
CG8137 2905 N HIGHWAY 229 BENTON AR720157209						
005A AR-001 13454 GALLONS GASOLINE STATIONS - 332,521 SELF SERVICE			PER THOUSAND 1.388	.171	\$	\$
CG7211 CG8137						

Total Advance Other and PR/CO

TOTAL ADVANCE PREMIUM

NOTE: For classes based on payroll each Executive Officer, Sole Proprietor or Partner may be subject to a fixed amount.

GL-DS (12-93)

**NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220**

COMMERCIAL GENERAL LIABILITY SCHEDULE

Policy Number: **ACP GLO 3047369571**

Item No., Location and Description of Hazards	Code No.	Premium Basis	Rates		Advance Premium	
			OTHER	PR/CO	OTHER	PR/CO

**4071 HIGHWAY 294 MIL
ITARY ROAD
JACKSONVILLE
AR720760000**

006A	AR-001	18435	GROSS SALES	PER THOUSAND		
STORES-FOOD OR DRINK			532,824	2.043 .049	\$	\$
-- OTHER THAN NOT- FOR-PROFIT						

**C68137
4071 HIGHWAY 294 MIL
ITARY ROAD
JACKSONVILLE
AR720760000**

007A	AR-001	13454	GALLONS	PER THOUSAND		
GASOLINE STATIONS - SELF SERVICE			206,063	1.388 .171	\$	\$

**CG7211 C68137
713 S 1ST ST**

**JACKSONVILLE
AR720766002**

008A	AR-001	18435	GROSS SALES	PER THOUSAND		
STORES-FOOD OR DRINK			353,120	2.043 .049	\$	\$
-- OTHER THAN NOT- FOR-PROFIT						

**C68137
713 S 1ST ST**

**JACKSONVILLE
AR720766002**

DATA COMPROMISE	\$
CYBERONE	\$
IDENTITY THEFT	INCLUDED

Total Advance Other and PR/CO **\$**

TOTAL ADVANCE PREMIUM \$

NOTE: For classes based on payroll each Executive Officer, Sole Proprietor or Partner may be subject to a fixed amount.

GL-DS (12-93)

**NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220**

COMMERCIAL GENERAL LIABILITY SCHEDULE OF INSURED

POLICY Number: ACP GLO 3047369571

POLICY Period: From 10-20-19 To 10-20-20

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Insured Names

001 SHAMROCK GROUP OF COMPANIES, LLC

002 SHAMROCK DEVELOPMENT, LLC

003 SHAMROCK INTERNATIONAL, LLC

004 SHAMROCK LANDINGS, LLC LLC

005 SHALLYA WHOLESALE DISTRIBUTING, LLC

006 SHALLYA INTERNATIONAL LLC

GL-DI (08-90)

DIRECT BILL LBDP 19254

INSURED COPY

ACP GLO 3047369571

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**NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220**

COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS

Number: **ACP GLO 3047389571**

Period: From **10/20/19** To **10/20/20**

Named Insured: **SHAMROCK GROUP OF COMPANIES, LLC**

Form	Date	Title
CG0001	0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0142	0711	ARKANSAS CHANGES
CG2106	0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION
CG2144	0798	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
CG2147	1207	EMPLOYMENT - RELATED PRACTICES EXCLUSION
CG2167	1204	FUNGI OR BACTERIA EXCLUSION
CG2170	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG7023	1096	EXCL-ASBESTOS, ELECTRO-MAGNETIC RADIATION, LEAD AND RADON
CG7033	0383	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US
CG7211	0307	POLLUTION LIABILITY AMENDMENT - CUSTOMER FUELING
CG8001	1015	DATA COMPROMISE COVERAGE
CG8010	1015	IDENTITY RECOVERY COVERAGE
CG8014	1015	CYBERONE COVERAGE
CG8137	0518	LIMITED AMENDMENT OF POLLUTION EXCLUSION FOOD SERVICES
IL0017	1198	COMMON POLICY CONDITIONS
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION
IL0199	0908	ARKANSAS CHANGES - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHER TO US
IL0231	0908	ARKANSAS CHANGES - CANCELLATION AND NONRENEWAL

IMPORTANT NOTICES

IN5017	0593	IMPORTANT NOTICE FOR RENEWAL POLICIES
IN7503	0616	ARKANSAS IMPORTANT INSURANCE INFORMATION
IN7809	1115	DATA BREACH & IDENTITY RECOVERY SERVICES

GLDF (02-93)

DIRECT BILL L80P 19264

INSURED COPY

ACP GLO 3047389571

961750404

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0004163

CG 21 44 (07-98)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR
PROJECT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Premises:

ALL LOCATIONS SPECIFICALLY SCHEDULED ON THE POLICY

Project:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

This insurance applies only to "bodily injury," "property damage," "personal and advertising injury" and medical expenses arising out of:

1. The ownership, maintenance or use of the premises shown in the Schedule and operations necessary or incidental to those premises; or
2. The project shown in the Schedule.

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CG 21 44 (07-98)

ACP GLO 3047388571

LBDP

19254

INSURED COPY

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**COMMERCIAL GENERAL LIABILITY
CG 80 01 10 15****THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****DATA COMPROMISE COVERAGE
RESPONSE EXPENSES AND DEFENSE AND LIABILITY**

Coverage under this endorsement is subject to the following:

SECTION 1 – RESPONSE EXPENSES

**Data Compromise
Response Expenses Limit:** \$ **50,000**
Annual Aggregate

Sublimits
Named Malware (Sec. 1) \$ **50,000**
Forensic IT Review: \$ **5,000**
Legal Review: \$ **5,000**
PR Services: \$ **5,000**
Any one "Personal Data Compromise"
Response Expenses Deductible: \$ **2,500**
Any one "Personal Data Compromise"

SECTION 2 – DEFENSE AND LIABILITY

**Data Compromise
Defense Limit:** \$ **25,000**
Annual Aggregate

**Data Compromise
Liability Limit:** \$ **25,000**
Annual Aggregate

Sublimits
Named Malware (Sec. 2) \$ **50,000**
Any one "Personal Data Compromise"
Defense and Liability Deductible: \$ **2,500**
Each "Data Compromise Suit"

The following Data Compromise Coverage has been endorsed onto your Commercial General Liability coverage as a matter of convenience for policy issuance. The coverage and service provided under this endorsement are separate from your Commercial General Liability coverage. Data Compromise Coverage includes reimbursement of specified legal expenses as well as defense and liability against certain claims, but such coverage is subject to the Data Compromise coverage limit. The limit and deductible applicable to Data Compromise Coverage are separate from the limits and deductibles that apply to your Commercial General Liability cover-

age. The Common Policy Conditions apply to coverage under this Data Compromise Coverage.

**SECTION 1 – RESPONSE EXPENSES
DATA COMPROMISE COVERED CAUSE OF LOSS**

Coverage under this Data Compromise Coverage endorsement applies only if all of the following conditions are met:

1. There has been a "personal data compromise"; and
2. Such "personal data compromise" is first discovered by you during the policy period for which this Data Compromise Coverage endorsement is applicable; and
3. Such "personal data compromise" is reported to us within 60 days after the date it is first discovered by you.

COVERAGE – SECTION 1

If the three conditions listed above in DATA COMPROMISE – COVERED CAUSE OF LOSS have been met, then we will provide coverage for the following expenses when they arise directly from the covered cause of loss and are necessary and reasonable. Coverages 4 and 5 apply only if there has been a notification of the "personal data compromise" to "affected individuals" as covered under coverage 3.

1. Forensic IT Review

Professional information technologies review if needed to determine, within the constraints of what is possible and reasonable, the nature and extent of the "personal data compromise" and the number and identities of the "affected individuals".

This does not include costs to analyze, research or determine any of the following:

- a. Vulnerabilities in systems, procedures or physical security;
- b. Compliance with PCI or other industry security standards; or
- c. The nature or extent of loss or damage to data that is not "personally identifying"

CG 80 01 10 15

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Page 1 of 8

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as well as other copyrighted material

ACP GLO 3047388571

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compromise" is the Named Malware (Sec. 1) sublimit indicated for this endorsement. For the purpose of the Named Malware (Sec. 1) sublimit, all "malware-related compromises" that are caused, enabled or abetted by the same virus or other malicious code are considered to be a single "personal data compromise". This sublimit is part of, and not in addition to the Data Compromise Response Expenses Limit.

The most we will pay under Forensic IT Review, Legal Review and PR Services coverages for loss arising from any one "personal data compromise" is the applicable sublimit for each of those coverages indicated for this endorsement. These sublimits are part of, and not in addition to, the Data Compromise Response Expenses Limit. PR Services coverage is also subject to a limit per "affected individual" as described in 5. PR Services.

Coverage for Services to "affected individuals" is limited to costs to provide such services for a period of up to one year from the date of the notification to the "affected individuals". Notwithstanding, coverage for Identity Restoration Case Management services initiated within such one year period may continue for a period of up to one year from the date such Identity Restoration Case Management services are initiated.

DEDUCTIBLE – SECTION 1

Response Expenses coverage is subject to the Response Expenses Deductible indicated for this endorsement. You shall be responsible for such deductible amount as respects each "personal data compromise" covered under this endorsement.

The following is added as an Additional Coverage:

SECTION 2 – DEFENSE AND LIABILITY DEFENSE AND LIABILITY COVERED CAUSE OF LOSS

Coverage under this Data Compromise Coverage endorsement applies only if all three of the conditions in DATA COMPROMISE – COVERED CAUSE OF LOSS are met.

Only with regard to Section 2 – Defense and Liability coverage, the following conditions must also be met:

1. You have provided notifications and services to "affected individuals" in consultation with us pursuant to Response Expenses coverage; and
2. You receive notice of a "data compromise suit" brought by one or more "affected individuals" or by a governmental entity on behalf of one or more "affected individuals"; and
3. Notice of such "data compromise suit" is

CG 80 01 10 15

received by you within two years of the date that the "affected individuals" are notified of the "personal data compromise"; and

4. Such "data compromise suit" is reported to us as soon as practicable, but in no event more than 60 days after the date it is first received by you.

COVERAGE – SECTION 2

If all of the conditions listed above in DEFENSE AND LIABILITY – COVERED CAUSE OF LOSS have been met, then we will provide coverage for "data compromise defense costs" and "data compromise liability" directly arising from the covered cause of loss.

LIMITS – SECTION 2

The most we will pay for "data compromise defense costs" under Defense and Liability coverage (other than post-judgment interest) is the Data Compromise Defense Limit indicated for this endorsement.

The most we will pay for "data compromise liability" under Defense and Liability coverage (other than post-judgment interest) is the Data Compromise Liability Limit indicated for this endorsement.

The Data Compromise Defense Limit and the Data Compromise Liability Limit are annual aggregate limits and are the most we will pay for all loss covered under Section 2 (other than post-judgment interest) arising out of all "personal data compromise" events which are first discovered by you during the present annual policy period. These limits apply regardless of the number of "personal data compromise" events discovered by you during that period.

A "personal data compromise" may be first discovered by you in one policy period but cause covered costs in one or more subsequent policy periods. If so, all covered costs (other than post-judgment interest) arising from such "personal data compromise" will be subject to the Data Compromise Defense Limit and the Data Compromise Liability Limit applicable to the policy period when the "personal data compromise" was first discovered by you.

The most we will pay under Defense and Liability coverage for loss arising from any "malware-related compromise" is the Named Malware (Sec. 2) sublimit indicated for this endorsement. For the purpose of the Named Malware (Sec. 2) sublimit, all "malware-related compromises" that are caused, enabled or abetted by the same virus or other malicious code are considered to be a single "personal data compromise". This sublimit is part of, and not in addition to, the Defense Limit and the

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- b. Provide us with written notice, as soon as practicable, but in no event more than 60 days after the date the "data compromise suit" is first received by you.
 - c. Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "data compromise suit";
 - d. Authorize us to obtain records and other information;
 - e. Cooperate with us in the investigation, settlement or defense of the "data compromise suit";
 - f. Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to you because of loss to which this insurance may also apply; and
 - g. Not take any action, or fail to take any required action, that prejudices your rights or our rights with respect to such "data compromise suit".
2. You may not, except at your own cost, voluntarily make a payment, assume any obligation, or incur any expense without our prior written consent.
 3. If you become aware of a claim or complaint that may become a "data compromise suit", you shall promptly inform us of such claim or complaint.

C. Due Diligence

You agree to use due diligence to prevent and mitigate costs covered under this endorsement. This includes, but is not limited to, complying with, and requiring your vendors to comply with, reasonable and industry-accepted protocols for:

1. Providing and maintaining appropriate physical security for your premises, computer systems and hard copy files;
2. Providing and maintaining appropriate computer and Internet security;
3. Maintaining and updating at appropriate intervals backups of computer data;
4. Protecting transactions, such as processing credit card, debit card and check payments; and
5. Appropriate disposal of files containing "personally identifying information" or "personally sensitive information", including shredding hard copy files and destroying physical media used to store electronic data.

D. Legal Advice

We are not your legal advisor. Our determination of what is or is not covered under this Data Compromise Coverage endorsement does not represent advice or counsel from us about what you should or should not do.

E. Pre-Notification Consultation

You agree to consult with us prior to the issuance of notification to "affected individuals". We assume no responsibility under this Data Compromise Coverage for any services promised to "affected individuals" without our prior agreement. If possible, this pre-notification consultation will also include the designated service provider(s) as agreed to under Additional Condition F. Service Providers. You must provide the following at our pre-notification consultation with you:

1. The exact list of "affected individuals" to be notified, including contact information.
2. Information about the "personal data compromise" that may appropriately be communicated with "affected individuals".
3. The scope of services that you desire for the "affected individuals". For example, coverage may be structured to provide fewer services in order to make those services available to more "affected individuals" without exceeding the available Response Expenses Limit.

F. Service Providers

1. We will only pay under this Data Compromise Coverage for services that are provided by service providers approved by us. You must obtain our prior approval for any service provider whose expenses you want covered under this Data Compromise Coverage. We will not unreasonably withhold such approval.
2. Prior to the Pre-Notification Consultation described in Additional Condition E. above, you must come to agreement with us regarding the service provider(s) to be used for the Notification to Affected Individuals and Services to Affected Individuals. We will suggest a service provider. If you prefer to use an alternate service provider, our coverage is subject to the following limitations:
 - a. Such alternate service provider must be approved by us;
 - b. Such alternate service provider must provide services that are reasonably equivalent or superior in both kind and quality to the services that would have been provided.

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- anyone who is not an "affected individual";
- 2) Civil or criminal fines or penalties imposed by law;
 - 3) Punitive or exemplary damages;
 - 4) The multiplied portion of multiplied damages;
 - 5) Taxes; or
 - 6) Matters which may be deemed uninsurable under the applicable law.
4. "Data Compromise Suit"
- a. "Data Compromise Suit" means a civil proceeding in which damages to one or more "affected individuals" arising from a "personal data compromise" or the violation of a governmental statute or regulation are alleged. Such proceeding must be brought in the United States of America, Puerto Rico or Canada. "Data compromise suit" includes:
 - 1) An arbitration proceeding in which such damages are claimed and to which you must submit or do submit with our consent;
 - 2) Any other alternative dispute resolution proceeding in which such damages are claimed and to which you submit with our consent; or
 - 3) A written demand for money, when such demand could reasonably result in a civil proceeding as described in this definition.
 - b. "Data compromise suit" does not mean any demand or action brought by or on behalf of someone who is:
 - 1) Your director or officer;
 - 2) Your owner or part-owner; or
 - 3) A holder of your securities;
 in their capacity as such, whether directly, derivatively, or by class action. "Data compromise suit" will include proceedings brought by such individuals in their capacity as "affected individuals", but only to the extent that the damages claimed are the same as would apply to any other "affected individual".
 - c. "Data compromise suit" does not mean any demand or action brought by an organization, business, institution, or any other party that is not an "affected individual" or governmental entity. "Data compromise suit" does not mean any demand or action brought on behalf of an organization,
- business, institution, governmental entity or any other party that is not an "affected individual".
5. "Identity Theft" means the fraudulent use of "personally identifying information". This includes fraudulently using such information to establish credit accounts, secure loans, enter into contracts or commit crimes.
 "Identity theft" does not include the fraudulent use of a business name, d/b/a or any other method of identifying a business activity.
 6. "Malware-Related Compromise" means a "personal data compromise" that is caused, enabled or abetted by a virus or other malicious code that, at the time of the "personal data compromise", is named and recognized by the CERT® Coordination Center, McAfee®, Secunia, Symantec or other comparable third party monitors of malicious code activity.
 7. "Personal Data Compromise" means the loss, theft, accidental release or accidental publication of "personally identifying information" or "personally sensitive information" as respects one or more "affected individuals". If the loss, theft, accidental release or accidental publication involves "personally identifying information", such loss, theft, accidental release or accidental publication must result in or have the reasonable possibility of resulting in the fraudulent use of such information. This definition is subject to the following provisions:
 - a. At the time of the loss, theft, accidental release or accidental publication, the "personally identifying information" or "personally sensitive information" need not be at the insured premises but must be in the direct care, custody or control of:
 - 1) You; or
 - 2) A professional entity with which you have a direct relationship and to which you (or an "affected individual" at your direction) have turned over (directly or via a professional transmission or transportation provider) such information for storage, processing, transmission or transportation of such information.
 - b. "Personal data compromise" includes disposal or abandonment of "personally identifying information" or "personally sensitive information" without appropriate safeguards such as shredding or destruction, subject to the following provisions:
 - 1) The failure to use appropriate

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COMMERCIAL GENERAL LIABILITY
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CYBERONE COVERAGE

COMPUTER ATTACK AND NETWORK SECURITY LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

The following CyberOne coverage has been endorsed onto your Commercial General Liability coverage as a matter of convenience for policy issuance. The coverage and service provided under this endorsement are separate from your Commercial General Liability coverage. CyberOne Coverage includes defense and liability against certain claims, but such coverage is subject to the Network Security Liability coverage limit. The limits and deductibles applicable to this CyberOne coverage are separate from the limits and deductibles that apply to your Commercial General Liability coverage. The Common Policy Conditions apply to coverage under this CyberOne coverage.

Coverage under this endorsement is subject to the following SCHEDULE:

SECTION 1 – COMPUTER ATTACK

Computer Attack Limit	\$ 50,000
	Annual Aggregate
Sublimits	
Data Re-creation	\$ EXCLUDED
Loss of Business	\$ EXCLUDED
Public Relations	\$ EXCLUDED
	Per Occurrence
Computer Attack Deductible	\$ 5,000
	Per Occurrence

SECTION 2 – NETWORK SECURITY LIABILITY

Network Security Liability Limit	\$
	Annual Aggregate
Network Security Defense Limit	\$
	Annual Aggregate
Network Security Liability Deductible	\$
	Per Occurrence
Network Security Liability Optional Coverage	
3 rd Party Business Information	

The following is added as an Additional Coverage:

SECTION 1 – COMPUTER ATTACK

SECTION 1 – COVERED CAUSE OF LOSS

This Computer Attack coverage applies only if all of the following conditions are met:

1. There has been a "computer attack"; and
2. Such "computer attack" is first discovered by you during the policy period for which this endorsement is applicable; and
3. Such "computer attack" is reported to us as soon as practicable, but in no event more than 60 days after the date it is first discovered by you.

SECTION 1 – COVERAGES PROVIDED

If all three of the conditions listed above in SECTION 1 – COVERED CAUSE OF LOSS have been met, then we will provide you the following coverages for loss directly arising from such "computer attack".

1. **Data Restoration**
We will pay your necessary and reasonable "data restoration costs".
2. **Data Re-creation**
We will pay your necessary and reasonable "data re-creation costs".
3. **System Restoration**
We will pay your necessary and reasonable "system restoration costs".
4. **Loss of Business**
We will pay your actual "business income loss" and your necessary and reasonable "extra expenses".
5. **Public Relations**
If you suffer a covered "business income loss", we will pay for the services of a professional public relations firm to assist you in communicating your response to the "computer attack" to the media, the public and your customers, clients or members.

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The Network Security Defense Limit and the Network Security Liability Limit are annual aggregate limits and are the most we will pay for the total of all loss covered under Section 2 (other than post-judgment interest) arising out of all "network security liability suits" of which you first receive notice during the present annual policy period or any Extended Reporting Periods. These limits apply regardless of the number of "network security liability suits" of which you first receive notice during that period.

You may first receive notice of a "network security liability suit" in one policy period but it may cause covered costs in one or more subsequent policy periods. If so, all covered costs arising from such "network security liability suit" (other than post-judgment interest) will be subject to the Network Security Defense Limit and the Network Security Liability Limit applicable to the policy period when notice of the "network security liability suit" was first received by you.

The Network Security Defense Limit and the Network Security Liability Limit for the Extended Reporting Periods (if applicable) shall be part of, and not in addition to, the Network Security Defense Limit and the Network Security Liability Limit for the immediately preceding policy period.

SECTION 2 - DEDUCTIBLE

The Network Security Liability coverage is subject to the Network Security Liability Deductible indicated in the ~~SCHEDULE~~ for this endorsement. You shall be responsible for the applicable deductible amount as respects loss arising from each "network security liability suit" covered under this endorsement.

EXCLUSIONS, ADDITIONAL CONDITIONS AND DEFINITIONS APPLICABLE TO ALL SECTIONS

EXCLUSIONS

The following additional exclusions apply to this coverage:

We will not pay for costs or loss arising from the following:

1. Loss to the internet, an internet service provider, or any computer or computer system that is not owned or leased by you and operated under your control.
2. Costs to research or correct any deficiency.
3. Any fines or penalties.
4. Any criminal investigations or proceedings.

5. Any threat, extortion or blackmail. This includes, but is not limited to, ransom payments and private security assistance.
6. Your intentional or willful complicity in a covered loss event or your reckless disregard for the security of your computer system or data.
7. Any criminal, fraudulent or dishonest act, intentional error or omission, or any intentional or knowing violation of the law by you.
8. Any "computer attack" occurring prior to the first inception of this CyberOne coverage endorsement or any coverage substantially similar to that described in this endorsement.
9. That part of any "network security liability suit" seeking any non-monetary relief.
10. Any "network security liability suit" arising from a propagation of malware, denial of service attack, or if applicable, loss, release or disclosure of business data that occurred prior to the first inception of this CyberOne coverage endorsement or any coverage substantially similar to that described in this endorsement.
11. The propagation or forwarding of malware, including viruses, worms, Trojans, spyware and keyloggers in connection with hardware or software created, produced or modified by you for sale, lease or license to third parties.

ADDITIONAL CONDITIONS

The following additional conditions apply to all coverages under this endorsement.

A. Due Diligence

You agree to use due diligence to prevent and mitigate costs covered under this endorsement. This includes, but is not limited to, complying with reasonable and industry-accepted protocols for:

1. Providing and maintaining appropriate computer and internet security; and
2. Maintaining and updating at appropriate intervals backups of computer data.

B. Duties in the Event of a "Network Security Liability Suit"

1. If a "network security liability suit" is brought against you, you must:
 - a. Immediately record the specifics of the "network security liability suit" and the date received; and
 - b. Provide us with written notice, as soon as practicable, but in no event more than 60 days after the date the "network security liability suit" is first received by you.

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plus defense costs incurred by us, and defense costs incurred by you with our written consent, prior to the date of such refusal.

4. We shall not be obligated to pay any defense costs, or to defend or continue to defend any "network security liability suit", after the Network Security Defense Limit has been exhausted. We shall not be obligated to pay any damages after the Network Security Liability Limit has been exhausted.
5. We shall pay all interest on that amount of any judgment within the Network Security Liability Limit which accrues:
 - a. After entry of judgment; and
 - b. Before we pay, offer to pay or deposit in court that part of the judgment within the Network Security Liability Limit or, in any case, before we pay or offer to pay the entire Network Security Liability Limit.

These interest payments shall be in addition to and not part of the Network Security Liability Limit.

E. Other Data Coverage In This Policy

Some elements of this CyberOne coverage may also be covered under the policy to which this endorsement is attached. If so, this CyberOne coverage will apply as excess, additional coverage. If loss payment has been made under the policy for the same event, the amount of such payment will count towards the deductible that applies to this CyberOne coverage.

F. Services

The following conditions apply as respects any services provided to you by any service firm provided or paid for in whole or in part under this endorsement:

1. The effectiveness of such services depends on your cooperation and assistance.
2. We do not warrant or guarantee that the services will end or eliminate all problems associated with the covered events.

DEFINITIONS

With respect to the provisions of this endorsement only, the following definitions are added:

1. "Business Income Loss" means the sum of the:
 - a. Net income (net profit or loss before income taxes) that would have been earned or incurred; and
 - b. Continuing normal and necessary operating expenses incurred, including employee payroll, actually lost by you during the "period of restoration".

2. "Computer Attack" means one of the following involving a computer or other electronic hardware that is owned or leased by you and operated under your control:
 - a. Unauthorized Access - meaning the gaining of access to your computer system by an unauthorized person or persons; or
 - b. Malware Attack - meaning damage to your computer system or data arising from malicious code, including viruses, worms, Trojans, spyware and keyloggers. This does not mean damage from shortcomings or mistakes in legitimate electronic code or damage from code installed on your computer system during the manufacturing process.
 - c. Denial of Service Attack - meaning a deliberate act to prevent third parties from gaining access to your computer system through the internet in a manner in which they are legally entitled.

3. "Data Re-creation Costs"

- a. "Data re-creation costs" means the costs of an outside professional firm hired by you to research, re-create and replace data that has been lost or corrupted and for which there is no electronic source available or where the electronic source does not have the same or similar functionality to the data that has been lost or corrupted.
- b. "Data re-creation costs" also means your actual "business income loss" and your necessary and reasonable "extra expenses" arising from the lack of the lost or corrupted data during the time required to research, re-create and replace such data.
- c. "Data re-creation costs" does not mean costs to research, re-create or replace:
 - 1) Software programs or operating systems that are not commercially available; or
 - 2) Data that is obsolete, unnecessary or useless to you.

4. "Data Restoration Costs"

- a. "Data restoration costs" means the costs of an outside professional firm hired by you to replace electronic data that has been lost or corrupted. In order to be considered "data restoration costs," such replacement must be from one or more electronic sources with the same or similar functionality to the data that has been lost or corrupted.
- b. "Data restoration costs" does not mean costs to research, restore or replace:

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- CG 80 14 10 15**
- 2) Your owner or part-owner; or
 - 3) A holder of your securities;
in their capacity as such, whether directly,
derivatively, or by class action.
9. "Period of Restoration" means the period of time that begins at the time that the "computer attack" is discovered by you and continues until the earlier of:
- a. The date that all data restoration, data re-creation and system restoration directly related to the "computer attack" has been completed; or
 - b. The date on which such data restoration, data re-creation and system restoration could have been completed with the exercise of due diligence and dispatch.
10. "System Restoration Costs"
- a. "System restoration costs" means the costs of an outside professional firm hired by you to do any of the following in order to restore your computer system to its pre- "computer attack" level of functionality:
 - 1) Replace or reinstall computer software programs;
 - 2) Remove any malicious code; and
 - 3) Configure or correct the configuration of your computer system.
 - b. "System restoration costs" does not mean:
 - 1) Costs to increase the speed, capacity or utility of your computer system;
 - 2) Labor of your employees;
 - 3) Any costs in excess of the actual cash value of your computer system; or
 - 4) Costs to repair or replace hardware.

All terms and conditions apply unless modified by this endorsement.

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NW-CP-1310-0517-00

COMMERCIAL PROPERTY (NATIONWIDE)



Named Insured: **SHAMROCK GROUP OF COMPANIES, LLC**
SHAMROCK DEVELOPMENT, LLC

Address: _____

★★★★★★

IMPORTANT INSURANCE INFORMATION

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IMPORTANT NOTICE FOR RENEWAL POLICIES

In an effort to keep your insurance premium as low as possible, we have streamlined your renewal policy. We have not included printed copies of policy forms and endorsements that have not changed from your expiring policy unless they include variable information that is unique to you. Please refer to your prior policies for printed copies of these forms. If you desire copies, they are available upon request from your agent.

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IMPORTANT FLOOD INSURANCE NOTICE

Thank you for the opportunity to provide your important insurance protection. As your insurance provider, we like to keep you informed of important issues that can potentially impact your property assets. This letter is to remind you of the importance of considering flood insurance and the importance of reviewing your policies on a regular basis.

Your Commercial Property (Premier Businessowners, and/or Commercial Property) and Farmowners' policy does not cover damage from floods to any property resulting directly or indirectly from "water." Excluded "water" losses include, but are not limited to those caused by flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not. These types of loss or damage caused by "Water" are excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss. You will need to read your policy for all of the details about excluded water losses. This is just a summary of the excluded water losses to highlight some important flood-related issues.

In most communities, you can obtain flood insurance through your agent that is backed by the federal government's National Flood Insurance Program. In those qualifying communities, you can obtain flood insurance protection for your property regardless of your flood zone or flood risk.

Your agent can assist you in 1) determining if your community participates in the National Flood Insurance Program, 2) assessing your flood risk, and 3) understanding flood policy availability. To learn more about flood insurance and your risk of flooding access the National Flood Insurance Program's consumer website at www.FloodSmart.gov.

As you consider the risk of flooding in your area and consider your options for obtaining valuable protection, consider that:

- All property is in a flood zone, regardless of whether an area has been defined as high risk or low risk.
- Nearly 25% of all flood claims are for properties located in lower-risk flood areas or locations where flooding is not expected.
- Floods can happen anywhere, at any time, causing anguish, destruction, and financial damage.
- Changing weather patterns, as well as residential and business development, may increase your chance of experiencing a flood.
- Flooding can occur as a result of clogged, overloaded, or inadequate storm drains. You don't have to live near a body of water to be flooded.
- Federal disaster assistance is often a loan and must be repaid with interest.
- Your commercial property and/or farmowner policies exclude loss by flooding.

Ask your agent about obtaining flood insurance for commercial property today. Thank you for choosing us to meet your insurance needs. We value your business.

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IN 75 03 06 16

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IMPORTANT INSURANCE INFORMATION

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Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

ARKANSAS IMPORTANT INSURANCE INFORMATION

Thank you for choosing Nationwide® to help you protect what's important to you. We value your business and want to ensure that you have the current Arkansas customer service contact information if you need assistance.

We are here to serve you. As our policyholder, your satisfaction is very important to us. If you have a question about your policy or if you need assistance with a problem you may contact your insurance agent. Please refer to your policy documents for your agent's contact information.

If your agent is unable to assist you, please contact us as follows:

Nationwide Insurance®
Attention: Customer Relations Department
One Nationwide Blvd.
Columbus, OH 43215-2220
Toll Free: 1-877-669-6877
Web: www.nationwide.com

If we fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201
Phone 501-371-2640 or 1-800-852-5494
Fax 501-371-2749
Web: www.insurance.arkansas.gov/contact

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IMPORTANT INSURANCE INFORMATION

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Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

DATA BREACH & IDENTITY RECOVERY SERVICES**Data Breach Services Information:**

Through a partnership with Hartford Steam Boiler, you have access to a data breach risk management portal called the eRiskHub®. The portal is designed to help you understand data information exposures, help you plan and be prepared for a data breach, and establish a response plan to manage the costs and minimize the effects of a data breach.

Key features of the portal include:

- Incident Response Plan Roadmap – suggested steps your business can take following data breach incident. Having an incident response plan prepared in advance of a breach can be useful for defense of potential litigation.
- Online Training Modules – ready-to-use training for your business on privacy best practices and Red Flag Rules.
- Risk Management Tools- assist your business in managing data breach exposures including self-assessments and state breach notification laws.
- eRisk Resources – a directory to quickly find external resources on pre and post-breach disciplines.
- News Center – cyber risk stories, security and compliance blogs, security news, risk management events, and helpful industry links.
- Learning Center – best practices and white papers written by leading authorities.

To access the eRiskHub® portal:

- Enter <https://www.eriskhub.com/nationwide> in your browser.
- Complete the information, including your name and company. Your User ID and Password are case-sensitive.
- Enter your assigned access code:
- Enter the challenge word on the screen, and click "Submit" and follow the instructions to complete your profile setup.
- You can now login to the portal.

You also have access to a help-line to answer breach related questions. Insureds having questions pertaining to how to prepare for a breach, help in identifying a breach, or other questions pertaining to breach related best practices can call our breach preparedness help-line. Experienced professionals are able to provide insights to help insureds understand the complicated environment pertaining to breaches of personal information. The breach preparedness help-line is 877-800-5028.

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NATIONWIDE MUTUAL INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

RENEWAL

DECLARATIONS

Policy Number: **ACP CPP 3047369571** **COMMERCIAL PROPERTY**

Named Insured: **SHAMROCK GROUP OF COMPANIES, LLC**
SHAMROCK DEVELOPMENT, LLC

Mailing Address: **..**
A.. 15112-00270

Agent: **CLARENCE MOSLEY, JR.**

41-80383

Address: **MEMPHIS TN**

38116

Producer: **CLARENCE MOSLEY, JR.**

Policy Period: This policy is effective from **10/20/19** to **10/20/20** 12:01 A.M.
 Standard time at the above mailing address.

This policy is subject to the following forms. Forms specific to a certain building or item can be found with the specific building and item information on the following pages.

FORM	DATE	PREM
CP0010	1012	0
CP1270	0996	0
IL0017	1198	0
IL0935	0702	0
IN5017	0593	0
IN7832	0716	0

FORM	DATE	PREM
CP0090	0788	0
CP7117	0917	0
IL0163	1017	0
IL0995	0107	0

FORM	DATE	PREM
CP0140	0706	0
CP7118	0917	0
IL0231	0908	0
IN7503	0616	0
IN7809	1115	0

Mortgagee and loss payee information - See schedules CP-DM and CP-DL

Replacement or
 Renewal Number **ACP CPP 3037369571**

Countersigned _____ By _____
 Date _____ Authorized Representative

Premium for Certified Acts of Terrorism \$ **0.00**

Total Annual Premium \$

Total Policy Premium \$

CP-D (10-98)

DIRECT BILL ELG168 18263

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ACP CPP 3047369571

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NATIONWIDE MUTUAL INSURANCE COMPANY MUTUAL COMPANY CONDITIONS ENDORSEMENT

POLICYHOLDER MEMBERSHIP IN THE COMPANY

(Applicable Only to Policies Issued by Nationwide Mutual Insurance Company in States other than the State of Texas)

Because this policy is issued by Nationwide Mutual Insurance Company (the "Company"), the first named insured listed on the declarations page ("named insured") is a member of the Company issuing the policy while this or any other policy issued by the Company is in force. While a member, the named insured is entitled to one vote only — regardless of the number of policies issued to the named insured — either in person or by proxy at meetings of members of the Company.

The annual meeting of members of the Company will be held each year at the Home Office of the Company in Columbus, Ohio, at 10 a.m. on the first Thursday of April. If the Board of Directors of Nationwide Mutual Insurance Company should elect to change the time or place of that meeting, the Company will mail notice of the change to the member's last known address. The Company will mail this notice at least 10 days in advance of the meeting date.

This policy is non-assessable, meaning that the named insured is not subject to any assessment beyond the premiums required for each policy term.

POLICYHOLDER DIVIDEND PROVISIONS

The named insured is entitled to any Dividends which are declared by the Board of Directors of the Company in accordance with law and which are applicable to coverages provided in this policy.

POLICYHOLDER MEMBERSHIP IN THE COMPANY IN TEXAS

(Applicable Only to Policies Issued by Nationwide Mutual Insurance Company in the State of Texas)

1. MUTUALS — MEMBERSHIP AND VOTING NOTICE. The named insured is notified that, by virtue of this policy, the named insured is a member of the Nationwide Mutual Insurance Company of Columbus, Ohio, (the "Company") and is entitled, as is lawfully provided in the charter, constitution, and by-laws to vote either in person or by proxy in any or all meetings of said Company. Each member is entitled to only one vote regardless of the number of policies owned. The annual meetings of the members of the Company are held in the Home Office, at Columbus, Ohio, on the first Thursday of April, in each year, at 10:00 o'clock a.m.

2. MUTUALS — PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY. No Contingent Liability: This policy is non-assessable. The named insured is a member of the Company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

POLICYHOLDER DIVIDEND PROVISIONS

The named insured shall be entitled to participate in a distribution of the surplus of the Company, as determined by its Board of Directors from time to time, after approval in accordance with the provision of the Texas Insurance Code, of 1951, as amended.

IN WITNESS WHEREOF: Nationwide Mutual Insurance Company has caused this policy to be signed by its President and Secretary, and countersigned by a duly authorized representative of the Company.



Secretary



President

NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE OF INSUREDS

Policy Number: **ACP CPP 3047369571**

Policy Period: From **10/20/19** To **10/20/20**

Named Insured: **SHAMROCK GROUP OF COMPANIES, LLC**

Insured Names

SHAMROCK GROUP OF COMPANIES, LLC

SHAMROCK DEVELOPMENT, LLC

SHAMROCK INTERNATIONAL, LLC

SHAMROCK LANDINGS, LLC

SHALLYA WHOLESALE DISTRIBUTING, LLC

SHALLYA INTERNATIONAL LLC

NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE**Policy Number: **ACP CPP 3047369571**Policy Period: From **10/20/19** To **10/20/20**Named Insured: **SHAMROCK GROUP OF COMPANIES, LLC**

Loc. Bld. Item	Address/Description	Limit	Premium
	TOTAL POLICY PREMIUM		\$
	POLICY WIDE OPTIONAL COVERAGES		
	EQUIPMENT BREAKDOWN		\$
1	1213 S 2ND ST		
	CABOT AR		
	Protection Class: 02		
1	STORES-FOOD OR DRINK		
1	BUILDING	\$ 270,800	\$
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	PERSONAL PROPERTY	\$ 35,000	\$
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
3	BUSINESS INCOME EXCLUDING	\$ 60,000	\$
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	GASOLINE STATIONS SELF SERVICE		
1	BUILDING	\$ 43,500	\$
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	PERSONAL PROPERTY	\$ 50,000	\$
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	4071 HIGHWAY 294 MILITARY ROAD		
	JACKSONVILLE AR		
	Protection Class: 02		
1	STORES-FOOD OR DRINK		
1	BUILDING	\$ 324,900	\$
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	PERSONAL PROPERTY	\$ 50,000	\$
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
3	BUSINESS INCOME EXCLUDING	\$ 60,000	\$
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	GASOLINE STATIONS SELF SERVICE		

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NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: ACP CPP 3047368571

Policy Period: From 10/20/19 To 10/20/20

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Loc. Bld. Item	Address/Description	Limit	Premium
1	BUILDING	\$ 27,300	
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	PERSONAL PROPERTY	\$ 50,000	
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
3	713 S 1ST ST JACKSONVILLE AR Protection Class: 02		
1	STORES-FOOD OR DRINK		
1	BUILDING	\$ 162,500	
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	PERSONAL PROPERTY	\$ 20,000	
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
3	BUSINESS INCOME EXCLUDING	\$ 30,000	
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	GASOLINE STATIONS SELF SERVICE		
1	BUILDING	\$ 54,300	
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	PERSONAL PROPERTY	\$ 75,000	
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
4	2905 N HIGHWAY 229 BENTON AR Protection Class: 03		
1	STORES-FOOD OR DRINK		
1	BUILDING	\$ 270,800	
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	PERSONAL PROPERTY	\$ 30,000	
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
3	BUSINESS INCOME EXCLUDING	\$ 45,000	
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$

CP-DR (10-89)

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NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE**Policy Number: **ACP CPP 3047369571**Policy Period: From **10/20/19** To **10/20/20**Named Insured: **SHAMROCK GROUP OF COMPANIES, LLC**

Loc. Bld. Item	Address/Description	Limit	Premium
2	GASOLINE STATIONS SELF SERVICE		
1	BUILDING	\$ 43,500	
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$
2	PERSONAL PROPERTY	\$ 50,000	
	GROUP 1		\$
	GROUP 2		\$
	SPECIAL - CAUSE OF LOSS		\$

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NATIONWIDE MUTUAL INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPP 3047369571

Policy Period: From 10/20/19 To 10/20/20

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

XXXX Premise No 01 XXXX Total Premium \$

Address: 1213 S 2ND ST
City: CABOT

State: AR

Zip Code: 72023-3301

Description: CONVENIENCE STORE W/CANOPY AND TWO GAS PUMPS

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0952	0115	0	IN7404	0107	0

XX Building No 01 XX Total Premium \$

Burglary and Robbery Protective Safeguards
BR-1 Automatic Burglary Alarm - to a Central StationProtective Safeguards
P-2 Automatic Fire Alarm - to a Central StationOccupancy Group - MERCANTILE
Description: STORES-FOOD OR DRINK
Construction Type: JOISTED MASONRY

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP0299	0607	0	CP7301	0217	0	CP7302	0917	0
IN7854	0917	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	\$ 270,800	SPECIAL	80%	1000	

Description: CONVENIENCE STORE

Optional Coverages:
Replacement Cost
Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

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ACP CPP 3047369571

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NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE**

Policy Number: ACP CPP 3047369571

Policy Period: From 10/20/19 To 10/20/20

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 35,000	SPECIAL	80%	1000	

Description: CONTENTS OF C-STORE

Optional Coverages:

Replacement Cost
Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
03	BUS INCOME	\$ 60,000	SPECIAL	00%	72 HR	

Description: BUSINESS INCOME WITHOUT EXTRA EXPENSE

Optional Coverages:

Business Income Other Than Rental Value
Monthly Limit of Indemnity = 1/3

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP0032	1012	0	CP1030	1012	0			

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ACP CPP 3047369571

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NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE**Policy Number: **ACP CPP 3047369571**Policy Period: From **10/20/19** To **10/20/20**Named Insured: **SHAMROCK GROUP OF COMPANIES, LLC****** Building No 02 ** Total Premium \$**

Occupancy Group - **MERCANTILE**
 Description: **GASOLINE STATIONS SELF SERVICE**
 Construction Type: **NON-COMBUSTIBLE**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP0299	0607	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	\$ 43,500	SPECIAL	80%	1000	

Description: **CANOPY OVER 2 GAS PUMPS**

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 50,000	SPECIAL	80%	1000	

Description: **2 GAS PUMPS**

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE**Policy Number: **ACP CPP 3047369571**Policy Period: From **10/20/19** To **10/20/20**Named Insured: **SHAMROCK GROUP OF COMPANIES, LLC******** Premise No 02 **** Total Premium \$****Address: 4071 HIGHWAY 294 MILITARY ROAD
City: JACKSONVILLE State: AR****Zip Code: 72076-0000****Description: CONVENIENCE STORE W/3 GAS PUMPS**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0952	0115	0	IN7404	0107	0

**** Building No 01 ** Total Premium \$****Burglary and Robbery Protective Safeguards
BR-1 Automatic Burglary Alarm - to a Central Station****Protective Safeguards
P-2 Automatic Fire Alarm - to a Central Station****Occupancy Group - MERCANTILE
Description: STORES-FOOD OR DRINK
Construction Type: MASONRY NON-COMBUSTIBLE**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP0299	0607	0	CP7301	0917	0	CP7302	0917	0
IN7854	0917	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	\$ 324,900	SPECIAL	80%	1000	

Description: CONVENIENCE STORE W/GAS PUMPS**Optional Coverages:
Replacement Cost
Inflation Guard 2%**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE**

Policy Number: ACP CPP 3047369571

Policy Period: From 10/20/19 To 10/20/20

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 50,000	SPECIAL	80%	1000	

Description: CONTENTS OF CONVENIENCE STORE

Optional Coverages:

Replacement Cost
Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
03	BUS INCOME	\$ 60,000	SPECIAL	00%	72 HR	

Description: BUSINESS INCOME WITHOUT EXTRA EXPENSE

Optional Coverages:

Business Income Other Than Rental Value
Monthly Limit of Indemnity = 1/3

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP0032	1012	0	CP1030	1012	0			

CP-DS (10-89)

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ACP CPP 3047369571

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NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE**

Policy Number: ACP CPP 3047369571

Policy Period: From 10/20/19 To 10/20/20

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

xx Building No 02 xx Total Premium \$**Occupancy Group - MERCANTILE
Description: GASOLINE STATIONS SELF SERVICE
Construction Type: NON-COMBUSTIBLE**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP0299	0607	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	\$ 27,300	SPECIAL	80%	1000	

Description: STEEL CANOPY OVER TWO GAS PUMPS**Optional Coverages:
Replacement Cost
Inflation Guard 2%**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 50,000	SPECIAL	80%	1000	

Description: 2 GAS PUMPS**Optional Coverages:
Replacement Cost
Inflation Guard 2%**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE**

Policy Number: ACP CPP 3047369571

Policy Period: From 10/20/19 To 10/20/20

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

XXXX Premise No 03 XXXX Total Premium \$**Address: 713 S 1ST ST
City: JACKSONVILLE****State: AR****Zip Code: 72076-6002****Description: CONVENIENCE STORE W/3 GAS PUMPS**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0952	0115	0	IN7404	0107	0

XX Building No 01 XX Total Premium \$**Burglary and Robbery Protective Safeguards
BR-1 Automatic Burglary Alarm - to a Central Station****Protective Safeguards
P-2 Automatic Fire Alarm - to a Central Station****Occupancy Group - MERCANTILE
Description: STORES-FOOD OR DRINK
Construction Type: MASONRY NON-COMBUSTIBLE**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP0299	0607	0	CP7301	0917	0	CP7302	0917	0
IN7854	0917	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	\$ 162,500	SPECIAL	80%	1000	

Description: CONVENIENCE STORE W/3 GAS PUMPS**Optional Coverages:
Replacement Cost
Inflation Guard 2%**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

CP-DS (10-89)

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ACP CPP 3047369571

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NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE**

Policy Number: ACP CPP 3047369571

Policy Period: From 10/20/19 To 10/20/20

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 20,000	SPECIAL	80%	1000	

Description: CONTENTS IN CONVENIENCE STORE

Optional Coverages:

Replacement Cost
Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
03	BUS INCOME	\$ 30,000	SPECIAL	00%	72 HR	

Description: BUSINESS INCOME WITHOUT EXTRA EXPENSE

Optional Coverages:

Business Income Other Than Rental Value
Monthly Limit of Indemnity = 1/3

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP0032	1012	0	CP1030	1012	0			

CP-DS (10-89)

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ACP CPP 3047369571

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NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE**

Policy Number: ACP CPP 3047369571

Policy Period: From 10/20/19 To 10/20/20

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

XX Building No 02 XX Total Premium \$

Occupancy Group - MERCANTILE
 Description: GASOLINE STATIONS SELF SERVICE
 Construction Type: NON-COMBUSTIBLE

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP0299	0607	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	\$ 54,300	SPECIAL	80%	1000	

Description: STEEL CANOPY OVER 3 GAS PUMPS

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 75,000	SPECIAL	80%	1000	

Description: 3 GAS PUMPS

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

CP-DS (10-89)

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ACP CPP 3047369571

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NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE**Policy Number: **ACP CPP 3047369571**Policy Period: From **10/20/19** To **10/20/20**Named Insured: **SHAMROCK GROUP OF COMPANIES, LLC****XXXXX Premise No 04 XXXXX Total Premium \$****Address: 2905 N HIGHWAY 229
City: BENTON****State: AR****Zip Code: 72015-7209****Description: CONVENIENCE STORE W/2 GAS PUMPS**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0952	0115	0	IN7404	0107	0

XX Building No 01 XX Total Premium \$**Burglary and Robbery Protective Safeguards
BR-1 Automatic Burglary Alarm - to a Central Station****Protective Safeguards
P-2 Automatic Fire Alarm - to a Central Station****Occupancy Group - MERCANTILE
Description: STORES-FOOD OR DRINK
Construction Type: MASONRY NON-COMBUSTIBLE**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP0299	0607	0	CP7301	0917	0	CP7302	0917	0
IN7854	0917	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	\$ 270,800	SPECIAL	80%	1000	

Description: CONVENIENCE STORE W/2 GAS PUMPS**Optional Coverages:
Replacement Cost
Inflation Guard 2%**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

CP-DS (10-89)

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ACP CPP 3047369571

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NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE**Policy Number: **ACP CPP 3047369571**Policy Period: From **10/20/19** To **10/20/20**Named Insured: **SHAMROCK GROUP OF COMPANIES, LLC**

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 30,000	SPECIAL	80%	1000	

Description: **CONTENTS IN THE CONVENIENCE STORE**

Optional Coverages:

Replacement Cost
Inflation Guard 2%

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
03	BUS INCOME	\$ 45,000	SPECIAL	00%	72 HR	

Description: **BUSINESS INCOME WITHOUT EXTRA EXPENSE**

Optional Coverages:

Business Income Other Than Rental Value
Monthly Limit of Indemnity = 1/3

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP0032	1012	0	CP1030	1012	0			

CP-DS (10-89)

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ACP CPP 3047369571

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NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE**

Policy Number: ACP CPP 3047389571

Policy Period: From 10/20/19 To 10/20/20

Named Insured: SHAMROCK GROUP OF COMPANIES, LLC

XX Building No 02 XX Total Premium \$

Occupancy Group - MERCANTILE
 Description: GASOLINE STATIONS SELF SERVICE
 Construction Type: NON-COMBUSTIBLE

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP0299	0607	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	\$ 43,500	SPECIAL	80%	1000	

Description: STEEL CANOPY OVER 2 GAS PUMPS

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
02	PERS PROP	\$ 50,000	SPECIAL	80%	1000	

Description: 2 GAS PUMPS

Optional Coverages:
 Replacement Cost
 Inflation Guard 2%

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

CP-DS (10-89)

LFWB 19253

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ACP CPP 3047389571

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NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY SCHEDULE OF MORTGAGEES**Policy Number: **ACP CPP 3047369571**Policy Period: From **10/20/19** To **10/20/20**Named Insured: **SHAMROCK GROUP OF COMPANIES, LLC**

MORTGAGEE INFORMATION

001 FIRST ARKANSAS BANK AND TRUST**PO BOX 827****JACKSONVILLE****AR 720780827****Location: 001 Building: 001 Item: 001****Loan No.:****Interest: LOC 1-1****Location: 002 Building: 001 Item: 001****Loan No.:****Interest: LOC 2-1****Location: 003 Building: 001 Item: 001****Loan No.:****Interest:****Location: 004 Building: 001 Item: 001****Loan No.:****Interest:****Location: 004 Building: 002 Item: 001****Loan No.:****Interest:**

NATIONWIDE MUTUAL INSURANCE COMPANY**COMMERCIAL PROPERTY FORMS AND ENDORSEMENTS**Policy Number: **ACP CPP 3047369571**Policy Period: From **10/20/19** To **10/20/20**Named Insured: **SHAMROCK GROUP OF COMPANIES, LLC**

Form	Date	Title
CP0010	1012	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP0032	1012	BUSINESS INCOME (WITHOUT EXTRA EXPENSE) COVERAGE FORM
CP0090	0788	COMMERCIAL PROPERTY CONDITIONS
CP0140	0706	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP0299	0607	CANCELLATION CHANGES
CP1030	1012	CAUSES OF LOSS - SPECIAL FORM
CP1270	0996	JOINT OR DISPUTED LOSS AGREEMENT
CP7104	0707	AMENDATORY ENDORSEMENT
CP7117	0917	EQUIPMENT BREAKDOWN COVERAGE
CP7118	0917	EQUIPMENT BREAKDOWN COVERAGE SCHEDULE
CP7301	0917	PROTECTIVE SAFEGUARDS
CP7302	0917	BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS
IL0017	1198	COMMON POLICY CONDITIONS
IL0163	1017	ARKANSAS CHANGES
IL0231	0908	ARKANSAS CHANGES - CANCELLATION AND NONRENEWAL
IL0935	0702	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL0952	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL0995	0107	CONDITIONAL EXCLUSION OF TERRORISM
IN5017	0593	IMPORTANT NOTICE FOR RENEWAL POLICIES
IN7404	0107	IMPORTANT FLOOD INSURANCE NOTICE
IN7503	0616	ARKANSAS IMPORTANT INSURANCE INFORMATION
IN7809	1115	DATA BREACH & IDENTITY RECOVERY SERVICES
IN7832	0716	IMPORTANT NOTICE - ARKANSAS ARSON REPORTING
IN7854	0917	PROTECTIVE SAFEGUARD ENDORSEMENT ADVISORY NOTICE TO POLICYHOLDERS

CP-DF (10-89)

LFWB 19253

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ACP CPP 3047369571

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COMMERCIAL PROPERTY
CP 71 18 09 17**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****EQUIPMENT BREAKDOWN COVERAGE SCHEDULE**

This schedule provides supplementary information to be used with the following:

EQUIPMENT BREAKDOWN COVERAGE (including Electronic Circuitry Impairment)**LIMITS**

Equipment Breakdown Coverage is subject to the Limits of Insurance shown in the Declarations, unless otherwise shown below.

COVERAGES	LIMITS
Equipment Breakdown Limit	\$
Business Income	\$
Extra Expense	\$
Off Premises Equipment Breakdown	\$
Services Interruption	\$

SUBLIMITS

The following coverages are subject to the limits of Insurance shown in the Equipment Breakdown Coverage, unless otherwise shown below:

COVERAGES	SUBLIMITS
Data Restoration	\$
Expediting Expenses	\$
"Fungus", Wet Rot, Dry Rot and Bacteria	\$
Hazardous Substances	\$
Spoilage	\$
@ _____ % Coinsurance	

DEDUCTIBLES

Combined, All Coverages	\$
Direct Coverages	\$
Indirect Coverages	\$
	or _____ hrs.
	or _____ times ADV
Spoilage	\$
	or _____ % of loss, \$ _____ minimum

LOCATIONS NOT APPLICABLE

Equipment Breakdown Coverage applies to all locations covered on the policy, unless otherwise shown below.

<u>Location No.</u>	<u>Building No.</u>	<u>Address/Description</u>
---------------------	---------------------	----------------------------

OTHER CONDITIONS**All terms and conditions of this policy apply unless modified by this endorsement.**

CP 71 18 09 17

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Page 1 of 1

ACP CPP 3047388571

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NW-CP-1310-0517-00

COMMERCIAL UMBRELLA (NATIONWIDE MUTUAL FIRE)



NATIONWIDE MUTUAL FIRE INS CO

**Named Insured: SHAMROCK GROUP OF COMPANIES, LLC
-SEE NAMED INSURED SCHEDULE**

Address: --

★★★★★★★

IMPORTANT INSURANCE INFORMATION

★★★★★★★

IMPORTANT NOTICE FOR RENEWAL POLICIES

In an effort to keep your insurance premium as low as possible, we have streamlined your renewal policy. We have not included printed copies of policy forms and endorsements that have not changed from your expiring policy unless they include variable information that is unique to you. Please refer to your prior policies for printed copies of these forms. If you desire copies, they are available upon request from your agent.

IN 5017 (05-93)

DIRECT BILL LBDP 19264

INSURED

ACP CAF 3047389571

32 0004206



UMB 1 (12-98)

DECLARATIONS RENEWAL

**COMMERCIAL UMBRELLA LIABILITY
INSURANCE POLICY
NATIONWIDE MUTUAL FIRE INS CO
ONE NATIONWIDE PLAZA
COLUMBUS OH 432152220**

Policy Number: ACP CAF 3047369571

ITEM 1
Named Insured: **SHAMROCK GROUP OF COMPANIES, LLC**
ITEM 2 **-SEE NAMED INSURED SCHEDULE**
Address:

Agent: CLARENCE MOSLEY, JR.
Address: MEMPHIS TN 38116 32 41 80383 0027
PRODUCER: CLARENCE MOSLEY, JR.
ITEM 3
Policy Period : From 12:01 A.M., 10/20/19 to 12:01 A.M., 10/20/20

ITEM 4
Schedule of Underlying Insurance: See Endorsement No. UMB 00 01

ITEM 5
Retained Limit Aggregate: NONE

ITEM 6
Limits of Insurance:

a) **\$3,000,000** Each Occurrence
b) **\$3,000,000** Products - Completed Operations Aggregate
c) **\$3,000,000** Other Aggregate

ITEM 7
Coverage

☒ A - Excess Follow Form Liability Insurance
☒ B - Umbrella Liability Insurance

ITEM 8	
Premium :	Amount {

ITEM 9									
Endorsements:									
UMB0052	0115	UMB7010	0514	UMB0001	0309	UMB0002	0413	UMB0300	0809
UMB0301	0413	UMB0302	0809	IN7503	0616	UMB0028	0413	UMB0305	1115
UMB7012	0514	UMB7015	1214	17284	1088				

Renewal or Replacement No. **ACP CAF 3037368571**

Countersigned By _____
Authorized Representative

UMB 1 (12-98)

DIRECT BILL**LBDP 18254****INSURED**

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32 04209

NW-CP-1305-057/-06

NATIONWIDE MUTUAL FIRE INSURANCE COMPANY MUTUAL COMPANY CONDITIONS ENDORSEMENT

POLICYHOLDER MEMBERSHIP IN THE COMPANY

(Applicable Only to Policies Issued by Nationwide Mutual Fire Insurance Company in States Other than the State of Texas)

Because this policy is issued by Nationwide Mutual Fire Insurance Company (the "Company"), the first named insured listed on the declarations page ("named insured") is a member of the Company issuing the policy while this or any other policy issued by the Company is in force. While a member, the named insured is entitled to one vote only – regardless of the number of policies issued to the named insured – either in person or by proxy at meetings of members of the Company.

The annual meeting of members of the Company will be held each year at the Home Office of the Company in Columbus, Ohio, at 9:30 a.m. on the first Thursday of April. If the Board of Directors of Nationwide Mutual Fire Insurance Company should elect to change the time or place of that meeting, the Company will mail notice of the change to the member's last known address. The Company will mail this notice at least 10 days in advance of the meeting date.

This policy is non-assessable, meaning that the named insured is not subject to any assessment beyond the premiums required for each policy term.

POLICYHOLDER DIVIDEND PROVISIONS

The named insured is entitled to any Dividends which are declared by the Board of Directors of the Company in accordance with law and which are applicable to coverages provided in this policy.

POLICYHOLDER MEMBERSHIP IN THE COMPANY IN TEXAS

(Applicable Only to Policies Issued by Nationwide Mutual Fire Insurance Company in the State of Texas)


1. MUTUALS – MEMBERSHIP AND VOTING NOTICE. The named insured is notified that, by virtue of this policy, the named insured is a member of the Nationwide Mutual Fire Insurance Company of Columbus, Ohio, (the "Company") and is entitled, as is lawfully provided in the charter, constitution, and by-laws to vote either in person or by proxy in any or all meetings of said Company. Each member is entitled to only one vote regardless of the number of policies owned. The annual meetings of the members of the Company are held in the Home Office, at Columbus, Ohio, on the first Thursday of April, in each year, at 9:30 o'clock a.m.

2. MUTUALS – PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY. No Contingent Liability: This policy is non-assessable. The named insured is a member of the Company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

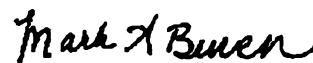
POLICYHOLDER DIVIDEND PROVISIONS

The named insured shall be entitled to participate in a distribution of the surplus of the Company, as determined by its Board of Directors from time to time, after approval in accordance with the provision of the Texas Insurance Code, of 1951, as amended.

IN WITNESS WHEREOF: Nationwide Mutual Fire Insurance Company has caused this policy to be signed by its President and Secretary, and countersigned by a duly authorized representative of the Company.



Secretary



President
Nationwide Mutual Fire Insurance Company

NATIONWIDE MUTUAL FIRE INS CO

**COMMERCIAL UMBRELLA LIABILITY
FORMS AND ENDORSEMENTS SUMMARY**

Number: ACP CAF 3047369571

Period:
From 10/20/19 To 10/20/20

FORM/ENDORSEMENT	DATE	TITLE
IN7503	0616	ARKANSAS IMPORTANT INSURANCE INFORMATION
UMB0001	0309	SCHEDULE OF UNDERLYING INSURANCE
UMB0002	0413	COMMERCIAL UMBRELLA LIABILITY POLICY
UMB0028	0413	LIMITATION OF COVERAGE TO DESIGNATED PREMISES - COVERAGE B
UMB0052	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
UMB0300	0809	ARKANSAS CHANGES - CANCELLATION AND NONRENEWAL
UMB0301	0413	ARKANSAS CHANGES - TRANSFER OF RIGHTS OF RECOVERY
UMB0302	0809	ARKANSAS PUNITIVE DAMAGES EXCLUSION - COVERAGE A AND COVERAG
UMB0305	1115	ARKANSAS CHANGES
UMB7010	0514	EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL I
UMB7012	0514	DEFINITION OF OCCURRENCE AMENDATORY ENDORSEMENT FOR CONTRACT
UMB7015	1214	EXCLUSION-PERSONAL DATA COMPROMISE & NETWORK SECURITY LIABIL
17264	1088	NAMED INSURED

NATIONWIDE MUTUAL FIRE INS CO

**COMMERCIAL UMBRELLA LIABILITY
SCHEDULE OF INSUREDS**

Policy Number: **ACP CAF 3047369571**

Policy Period:
From **10/20/19** To **10/20/20**

INSURED NAMES

SHAMROCK GROUP OF COMPANIES, LLC
SHAMROCK DEVELOPMENT, LLC
SHAMROCK INTERNATIONAL, LLC
SHAMROCK LANDINGS, LLC
SHALLYA WHOLESALE DISTRIBUTING, LLC
SHALLYA INTERNATIONAL, LLC

UMB 00 01 03 09

Policy Number: **ACP CAF 3047369571**
 Policy Period: **10/20/19** to **10/20/20**

ITEM 4.

Schedule Of Underlying Insurance (as identified by the entry of a company name, policy number, policy period and limits):

X Commercial General Liability or	Limits (\$)	
Businessowners Liability	2000000	General Aggregate
NATIONWIDE MUTUAL INS CO	2000000	Products-Completed Operations Aggregate
Policy Number: ACP GLO 3047369571	1000000	Personal and Advertising Injury
Policy Period: 10/20/19 to 10/20/20	1000000	Each Occurrence

Commercial Auto Liability	Limits (\$)	
		Each Accident
Policy Number:		
Policy Period:	to	

Employer's Liability or	Limits (\$)	
Stop Gap Liability		Bodily Injury by Accident - Each Accident
Policy Number:		Bodily Injury by Disease - Each Employee
Policy Period:	to	Bodily Injury by Disease - Policy Limit

	Limits (\$)	
Policy Number:		
Policy Period:	to	

	Limits (\$)	
Policy Number:		
Policy Period:	to	

	Limits (\$)	
Policy Number:		
Policy Period:	to	

	Limits (\$)	
Policy Number:		
Policy Period:	to	

IMPORTANT NOTICE: RESTRICTIONS, LIMITATIONS AND EXCLUSIONS TO THE ABOVE SCHEDULED UNDERLYING INSURANCE (OR ANY REPLACEMENTS THEREOF) WILL ACT AS RESTRICTIONS, LIMITATIONS AND EXCLUSIONS TO COVERAGE A OF THIS POLICY.

UMB 00 01 03 09

Page of

ACP CAF 3047369571

INSURED

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UMB 70 12 05 14

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DEFINITION OF OCCURRENCE AMENDATORY
ENDORSEMENT FOR CONSTRUCTION DEFECTS –
COVERAGE A AND COVERAGE B**

This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA LIABILITY POLICY

Under **Definitions, A. Applicable to Coverage A and Coverage B**, definition is replaced by the following:

6. "Occurrence" means an accident, including continuous or repeated exposure to substantially the same harmful conditions.

An accident shall include:

- a. "Injury or damage" and "bodily injury"; or
- b. "Injury or damage" and "property damage" to
 - 1) The property of others, or
 - 2) "Your work", if "your work" was:
 - a) Damaged by the work of a subcontractor who performed work

on your behalf in the construction, alteration, renovation, repair or maintenance of a building, structure, highway, road, bridge, water line, sewer line, oil line, gas line, appurtenance or other improvement to real property, including any moving, demolition or excavation; and

- b) The resulting "injury or damage" or "property damage" is included in the "products-completed operations hazard".

All terms and conditions of this policy apply unless modified by this endorsement.

UMB 70 15 12 14

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – PERSONAL DATA COMPROMISE AND NETWORK SECURITY LIABILITY – COVERAGE A

This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA LIABILITY POLICY

The following exclusions are added under **Exclusions, B. Applicable to Coverage A:**

Under Coverage A, this insurance does not apply to:

Personal Data Compromise

Any loss, theft, accidental release, accidental publication, disposal or abandonment of personally identifying information or personally sensitive information.

Network Security Liability

Civil proceedings against you based on an allegation that a negligent security failure or weakness with respect to a computer or other electronic hardware that is owned or leased by you and operated under your control allowed one or more of the following to happen:

- a. The unintended propagation or forwarding of malware, including viruses, worms, Trojans, spyware and keyloggers.
- b. The unintended abetting of a denial of service attack against one or more other systems.
- c. The loss, release or disclosure of business data that is owned by or proprietary to a third party.

All terms and conditions of this policy apply unless modified by this endorsement.



Page 1 of 3



Date prepared November 5, 2019
Claim number 760924-GJ
Policy number ACP CPP 3047369571
Questions? Contact Claims Associate
Greta Michael
MICHAG3@nationwide.com
Phone 501-690-8112
Fax 877-584-2080

SHAMROCK GROUP OF COMPANIES, LLC & SHAMROCK
DEVELOPMENT, LLC
11901 CRYSTAL HILL RD
NORTH LITTLE ROCK, AR 72113

Claim details

Insurer: Nationwide Mutual Insurance Company
Policyholder: SHAMROCK GROUP OF COMPANIES, LLC & SHAMROCK DEVELOPMENT, LLC
Claim number: 760924-GJ
Loss date: October 24, 2019

Dear Mr. and Mrs. Anand,

We completed our review of this Commercial Property loss reported to have occurred on October 24, 2019. We made every effort to provide a fair and thorough evaluation of your policy of insurance and investigation of your loss.

Based on our investigation and review of your policy contract, Nationwide Mutual Insurance Company's opinion is this loss was caused by fire. We must respectfully advise you that your policy number ACP CPP 3047369571 does not provide coverage for this loss.

About our decision

Our investigation indicates that your policy reflects that a "P-2" Automatic Fire Alarm Protective Safeguard was in place at the loss location at the time of loss. Our investigation indicates that this Protective Safeguard did not exist at the loss location at the time of loss.

Policy details

Your Protective Safeguards Endorsement CP7301 09/17, Protective Safeguard Endorsement Advisory Notice to Policyholders IN7854 09/17, and Commercial Property CPO010 10/12 policy states the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM CP 0010 10/12

A. Coverage

We will pay for direct physical loss of or damage to Covered Property at the premises described in the Declarations caused by or resulting from any Covered Cause of Loss.

E. Loss Conditions

The following conditions apply in addition to the Common Policy Conditions and the Commercial Property Conditions:

UU2U6UUU312U11



Claim # 760924-GJ

Page 2 of 3

PROTECTIVE SAFEGUARDS CP7301 09/17

A. The following is added to the Commercial Property Conditions:

Protective Safeguards

As a condition of this insurance, you are required to:

1. Maintain the protective safeguards listed in the Schedule, and over which you have control, in complete working order;
2. Actively engage in the 'on' position at all times any automatic fire alarm or other automatic system listed in the Schedule; and
3. Notify us if you know of any suspension of or impairment in any protective safeguard listed in the Schedule. However, if part of an Automatic Sprinkler System or Automatic Commercial Cooking Exhaust And Extinguishing System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.

B. The protective safeguards to which this endorsement applies are identified by the following symbols:

2. "P-2" Automatic Fire Alarm, protecting the entire building, that is:
 - a. Connected to an alarm monitoring center or central station that provides services to monitor fire alarm systems; or
 - b. Reporting to a public or private fire alarm station.

C. The following is added to the Exclusions section of:

Causes Of Loss - Basic Form

Causes Of Loss - Broad Form

Causes Of Loss - Special Form

Mortgageholders Errors And Omissions Coverage Form

Standard Property Policy

We will not pay for loss or damage caused by or resulting from fire if, prior to the fire, you:

1. Failed to maintain, in complete working order, any protective safeguard listed in the Schedule above, and over which you have control; or
2. Failed to actively engage in the 'on' position at all times any protective safeguard listed in the Schedule above; or
3. Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact. However, if part of an Automatic Sprinkler System or Automatic Commercial Cooking Exhaust and Extinguishing System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.

PROTECTIVE SAFEGUARD ENDORSEMENT ADVISORY NOTICE TO POLICYHOLDERS IN7854 09/17

This policy is written with a protective safeguards endorsement. See the policy declarations to determine the specific endorsement that applies to this policy. Note that acceptance of the policy, in the payment of premium, constitutes the insured's understanding and acknowledgement of the risk of loss of insurance at the scheduled building if the protective safeguard is not maintained. The protective safeguard(s) scheduled on the endorsement or the declarations must be:

In place and turned on at all times;

Claim # 760924-GJ
Page 3 of 3

Operational; and
Maintained in complete working order
at the building shown on the endorsement.

Failure to comply with any of these conditions, may result in loss of insurance coverage.

Additional information

We expressly reserve all other rights, defenses, or contentions, which are available to us under the policy of insurance, by law or otherwise, and do not waive any such rights or defenses which we now have or which may become known to us in the future.

If you have information about this claim that may affect our current decision, please forward it to us as soon as possible.

For more information

If you have any questions or concerns, please contact me at 501-690-8112 or
MICHAG3@nationwide.com.

Sincerely,

Greta Michael
Nationwide Mutual Insurance Company
P.O. Box 182068
Columbus, OH 43218-2068

cc
CLARENCE MOSLEY, JR.

00206000312028



Arkansas law requires the following notice: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.